

Name
In
Full

Harriet Rebecca Basford

CERTIFICATE OF DEATH

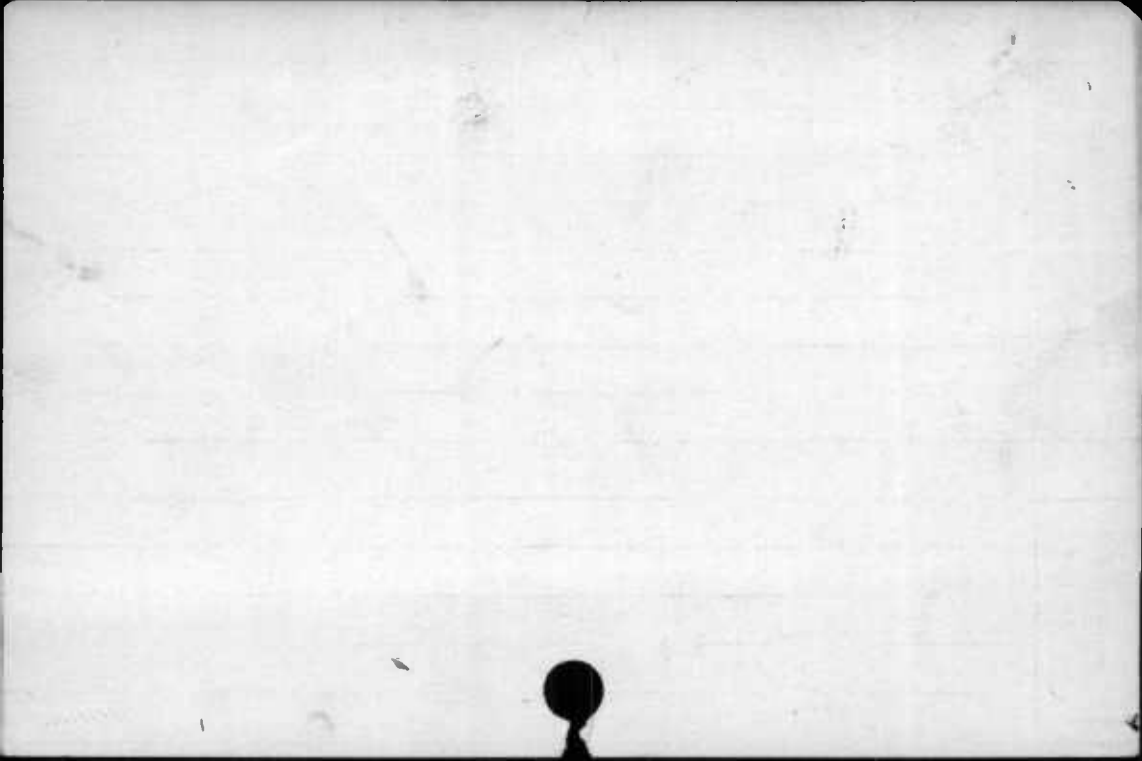
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dear South</i> ^{Town}		<i>Bedk</i> ^{County}		MARYLAND	
Date of death 190 <i>6</i>	Month <i>7</i>	Day <i>23</i>	Age <i>74</i> ^{Years}	Months <i>3</i>	Days <i>11</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth- place <i>Bedk Co.</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>House wife</i>			
Name of Wife or Husband <i>Jacob Basford</i>					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving In formation <i>Jacob Basford</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Rheumatism</i>	How long <i>Several years</i>
Immediate <i>Heart Failure</i>	How long <i>...</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. H. Bouley</i>
	Address <i>Mad.</i>
Accident or Suicide?	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <i>Frederick</i> Town <i>City</i> County <i>Frederick</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>7</i>	Day <i>28</i>	Age <i>2</i> Years Months Days
Sex <i>Female</i>	Color or Race <i>Caucasian</i>	Birth-place <i>Frederick</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>J. Harry G. Best.</i>	Father's Birthplace <i>Frederick Co</i>		
Mother's Maiden Name <i>Barbara Hamilton</i>	Mother's Birthplace <i>9</i>		
Name of person giving information <i>Father</i>	How related to deceased <i>—</i>		

CAUSES OF DEATH

Primary <i>Cholera Infantum</i>	How long <i>4 days</i>
Immediate <i>Septicemia</i>	How long <i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. H. McKinney</i>
	Address <i>Frederick Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

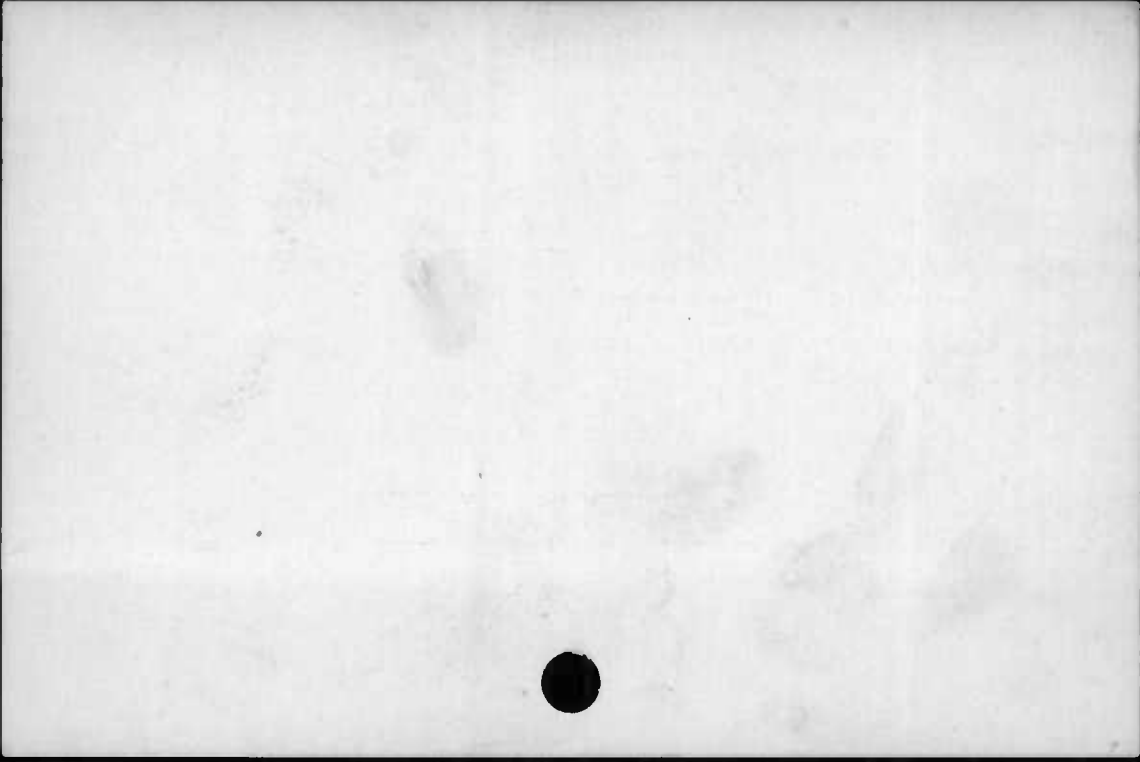
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fredk</i> ^{Town}		<i>Bingles</i> ^{County}		MARYLAND									
Date of death	1906	Month	7	Day	7	Age	0	Years	0	Months	0	Days	0
Sex	#		Color or Race	<i>Blk</i>		Birth-place	<i>Fredk</i>						
Occupation	—					Where Residing if not at place of death	—						
Married, Single or Widowed	—					Name of Wife or Husband	—						
Father's Name	?					Father's Birthplace	—						
Mother's Maiden Name	<i>Emma Beggan</i>					Mother's Birthplace	—						
Name of person giving information	—					How related to deceased	—						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>stail bow</i>	How long	—
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Wm Campbell</i>
		Address	<i>Fredk Mo</i>
Accident or Suicide?			



Name
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Full

CERTIFICATE OF DEATH

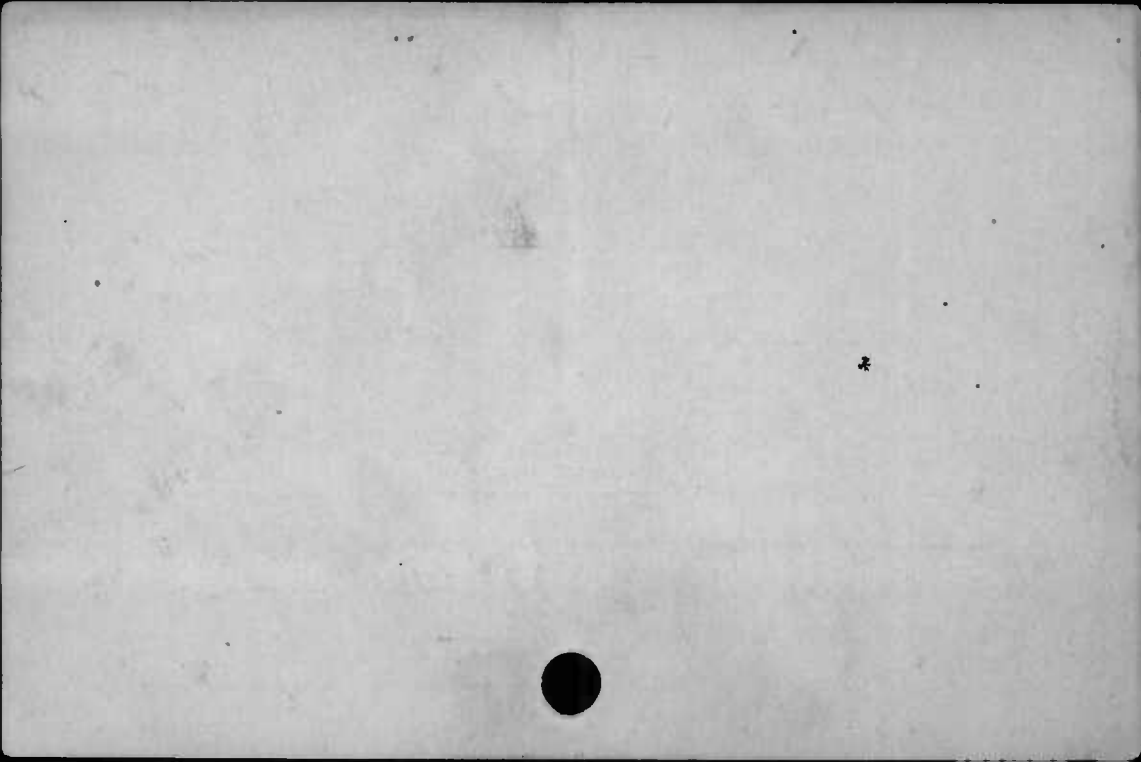
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary E. Brook</i>		Town <i>Brookville</i>		County <i>Thred</i>		MARYLAND	
Died at <i>Brookville</i>		Month <i>July</i>		Day <i>21</i>		Age <i>39</i>	
Date of death <i>1906</i>		Month <i>July</i>		Day <i>21</i>		Years <i>39</i>	
Sex <i>female</i>		Color or Race <i>colored</i>		Birth-place <i>md</i>		Months <i>5</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Days <i>3</i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>		Father's Birthplace <i>md</i>		Mother's Birthplace <i>md</i>	
Father's Name <i>John T Brook</i>		Mother's Maiden Name <i>Millie Warren</i>		How related to deceased <i>niece</i>			
Name of person giving information <i>Lottie Goens</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer</i>	How long <i>40</i>	How long <i>1 yr</i>
Immediate <i>—</i>	Signature of Physician <i>Marshall Tette F. d. l.</i>	Address <i>Brunswick</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Attended by Dr. Eugene Brown	
Accident or Suicide? <i>—</i>	<i>md</i>	



Name

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Full

CERTIFICATE OF DEATH

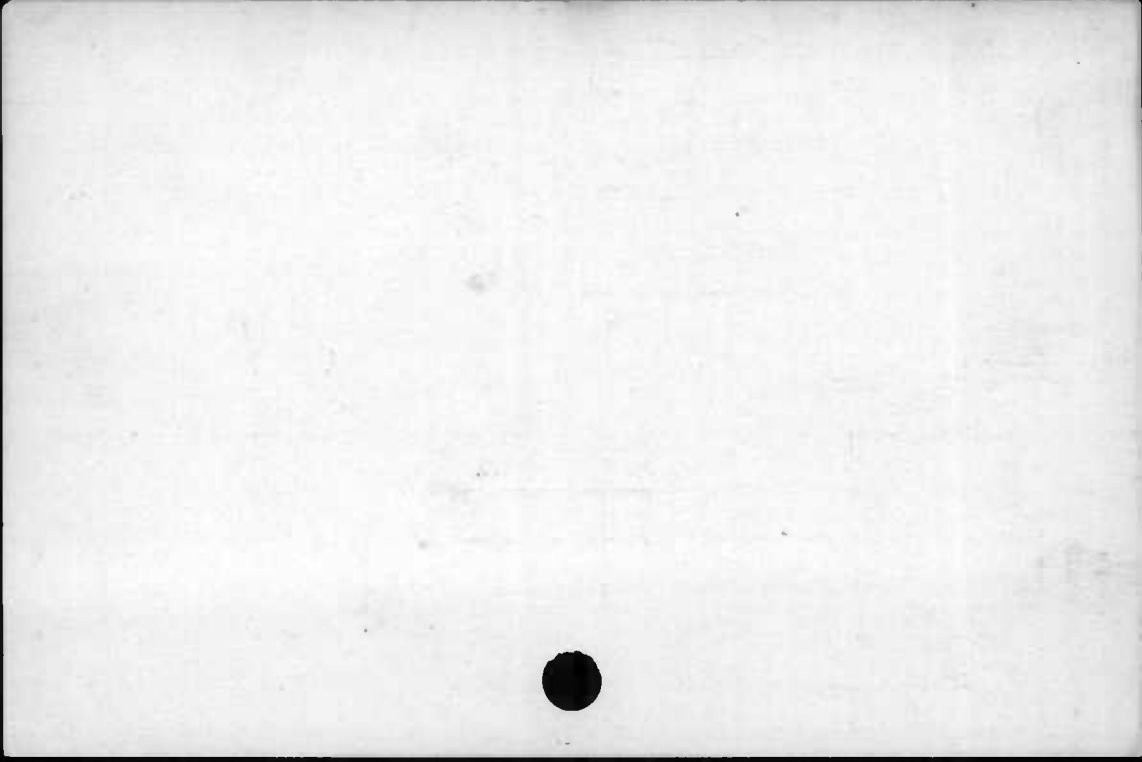
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Brooks</i>		Town <i>Montevue Hospital</i>		County <i>Frederick</i>		MARYLAND	
Died at		Month <i>July</i>		Day <i>5</i>		Age <i>73</i>	
Date of death <i>1906</i>		Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Baltimore</i>	
Occupation <i>designer</i>				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gangrene</i>	How long <i>4 days</i>
Immediate <i>Septicemia</i>	How long <i>2</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. L. Layson</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

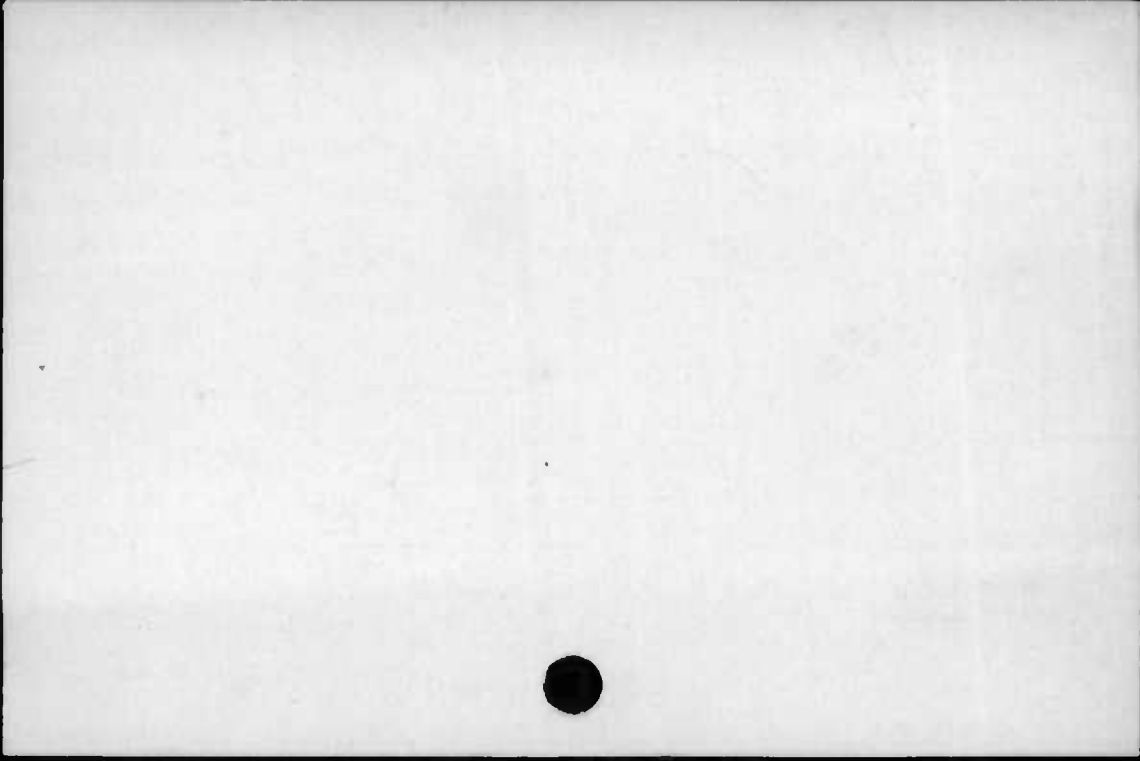
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Wesley Brown</i>		Town <i>Frederick</i>		County <i>Frederick</i>			
Died at <i>Frederick</i>							
Date of death <i>1906</i>		Month <i>July</i>	Day <i>22</i>	Years <i>74</i>	Months <i>8</i>	Days <i>10</i>	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Washington D.C.</i>		Maiden Name <i>Not</i>		
Occupation <i>Jauner</i>		Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Cora Brown</i>					
Father's Name <i>Not known</i>				Father's Birthplace <i>(H)</i>			
Mother's Maiden Name <i>" "</i>				Mother's Birthplace <i>(H)</i>			
Name of person giving information <i>Cora Brown</i>				How related to deceased <i>wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Arterio Sclerosis</i>	How long <i>Indefinite</i>
Immediate <i>Cerebral Apoplexy</i>	How long <i>Acute hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. G. Boone</i>
	Address <i>Frederick Md.</i>
Accident or Suicide?	



Name
in
Full

Robert H. Garry

CERTIFICATE OF DEATH

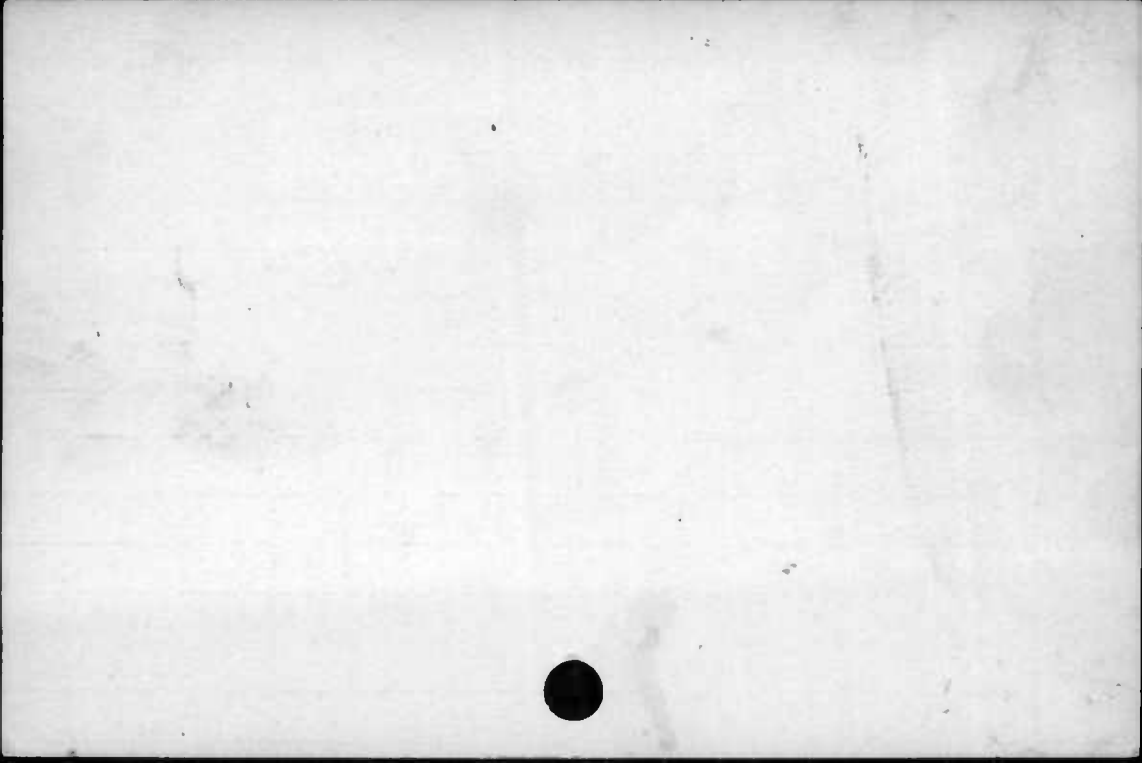
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Doubs</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death 190	<i>6</i> ^{Month}	<i>7</i> ^{Day}	Age <i>9</i> ^{Years}	<i>5</i> ^{Months}	<i>12</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Doubs</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>John Garry</i>			Father's Birthplace <i>Doubs</i>		
Mother's Maiden Name <i>Annie Hood</i>			Mother's Birthplace <i>Doubs</i>		
Name of person giving information <i>John Garry</i>			How related to deceased <i>Father</i>		

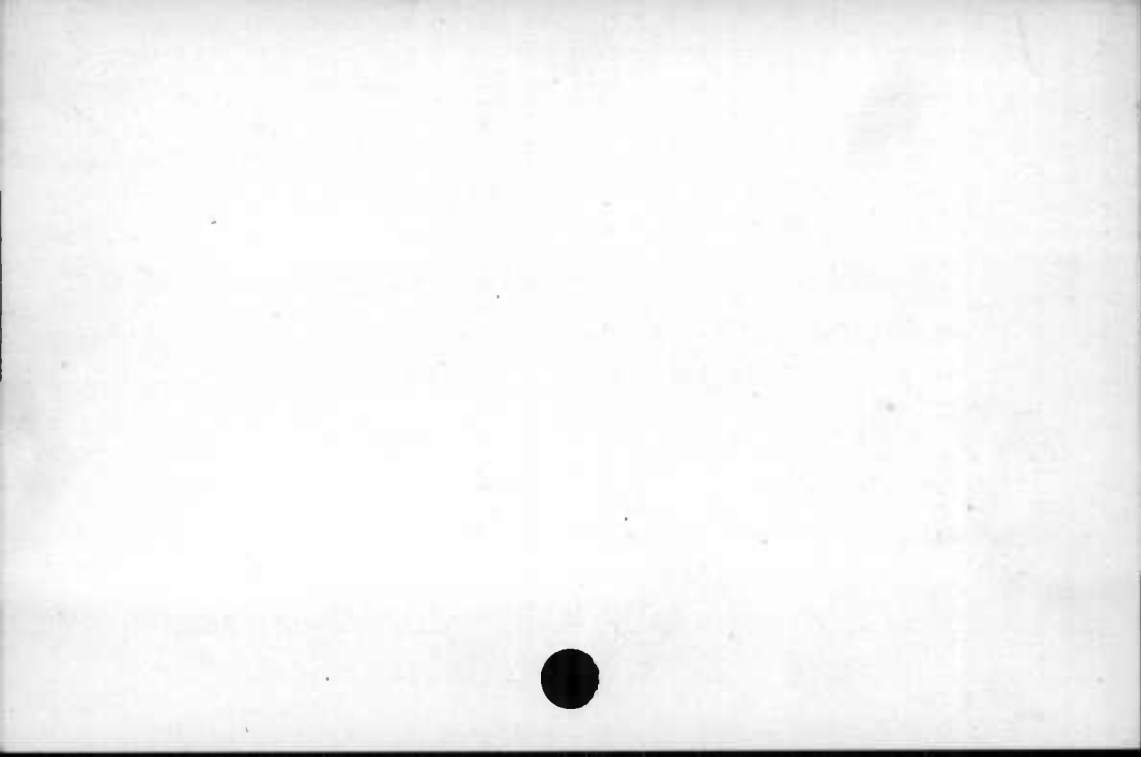
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Injury</i>	How long <i>36 hours</i>
Immediate <i>Secondary Peritonitis</i>	How long <i>12 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. H. Garry</i>
	Address <i>Adamstown</i>
Accident or Suicide?	



Name in Full		John W. Castle				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} near <i>Buddletown</i>		^{County} <i>Fredricks</i>		MARYLAND							
		Date of death	1906	Month	July	Day	9	Age	79	Months	2	Days	9
		Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place					
		Occupation	<i>School teacher (retired)</i>				Where Residing if not at place of death						
		Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Anna Catherine Michael</i>							
		Father's Name	<i>Resin Castle</i>					Father's Birthplace					
		Mother's Maiden Name	<i>Amelia Weir</i>					Mother's Birthplace					
		Name of person giving information				How related to deceased							
CAUSES OF DEATH													
PHYSICIAN OR CORONER		Primary		<i>Malignant ulcer of stomach</i>			How long	<i>unknown</i>					
		Immediate		<i>Exhaustion</i>			How long	<i>6 wks.</i>					
		Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		Signature of Physician		<i>Ed Buckley</i>					
						Address		<i>Buddletown</i>					
		Accident or Suicide?											



Name
in
Full

Deth Coashett Gale

CERTIFICATE OF DEATH

Died at Frederick Town

Frederick County

MARYLAND

Date of death 1906 July

23 Day

Age — Years

Months 1

23 Days

Sex Male

Color or Race

white

Birthplace

Frederick Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Francis Gale

Father's Birthplace

Frederick Md

Mother's Maiden Name

Mary E. Jones

Mother's Birthplace

Frederick Md

Name of person giving information

Francis Gale

How related to deceased

CAUSES OF DEATH

Primary

Enteritis

How long

9 weeks

Immediate

Exhaustion

How long

12 hrs

Are the name, age, sex, color, date and place correctly given above?

Yes

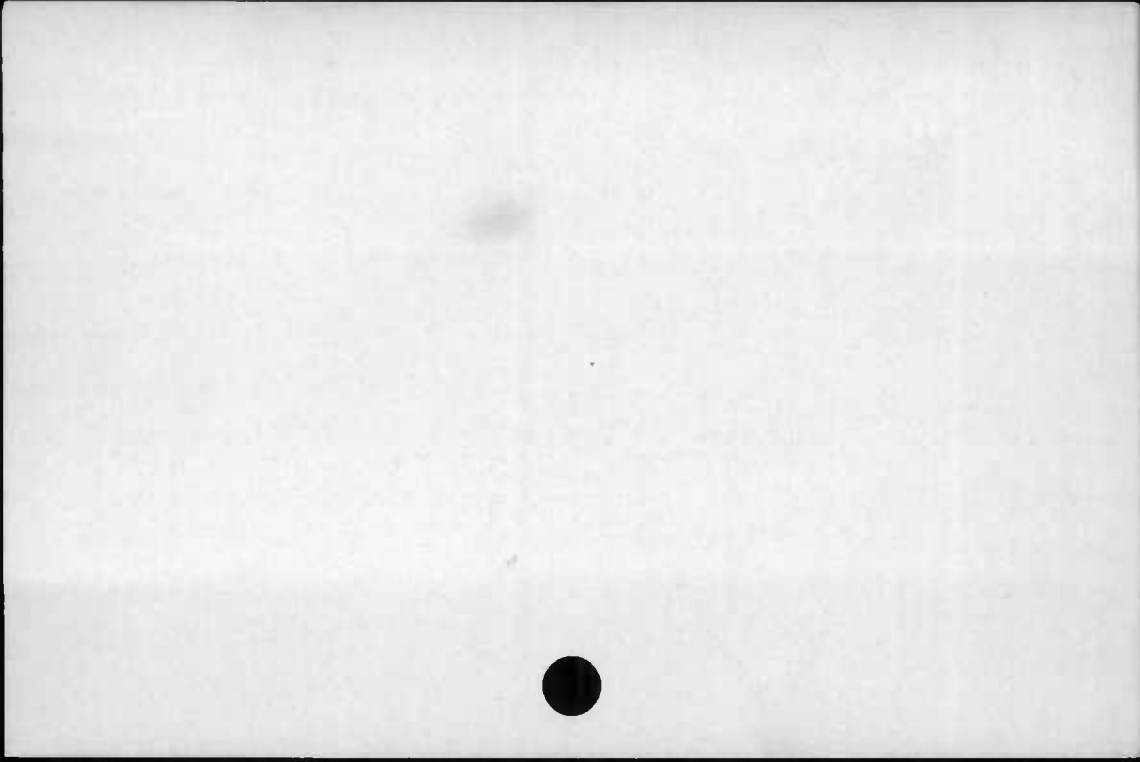
Signature of Physician

Address

J. M. Chaderian M.D.
Frederick Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

William

Cole

CERTIFICATE OF DEATH

Died at *Frederick*

Town

Frederick

County

MARYLAND

Date
of death 1906

Month

July

Day

22

Age

Years

Months

1

Days

22

Sex

*male*Color or
Race*white*Birth-
place*Frederick, Md.*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Frank Cole*Father's
Birthplace*Frederick, Md.*Mother's
Maiden Name*Mary Jones*Mother's
Birthplace*Frederick, Md.*Name of person giving
information*Frank Cole*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Enteritis

How long

2 weeks

Immediate

Exhaustion

How long

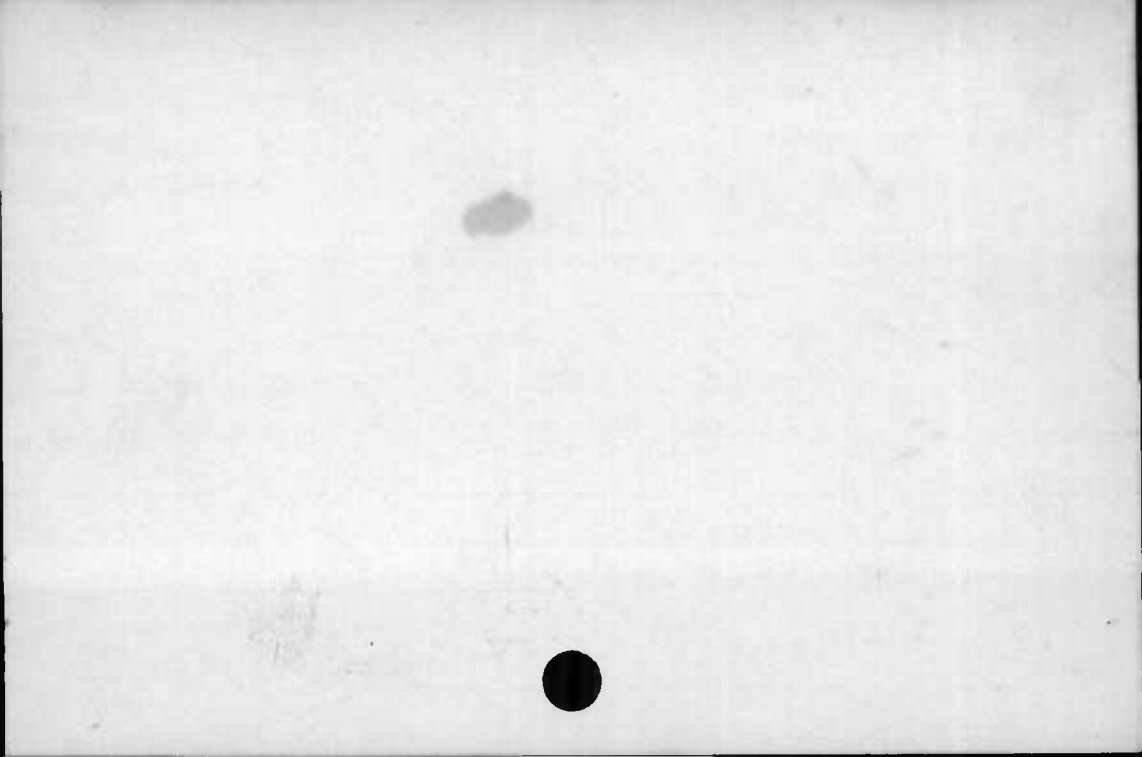
*12 hrs*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*M. G. Gorman, M.D.
Frederick, Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

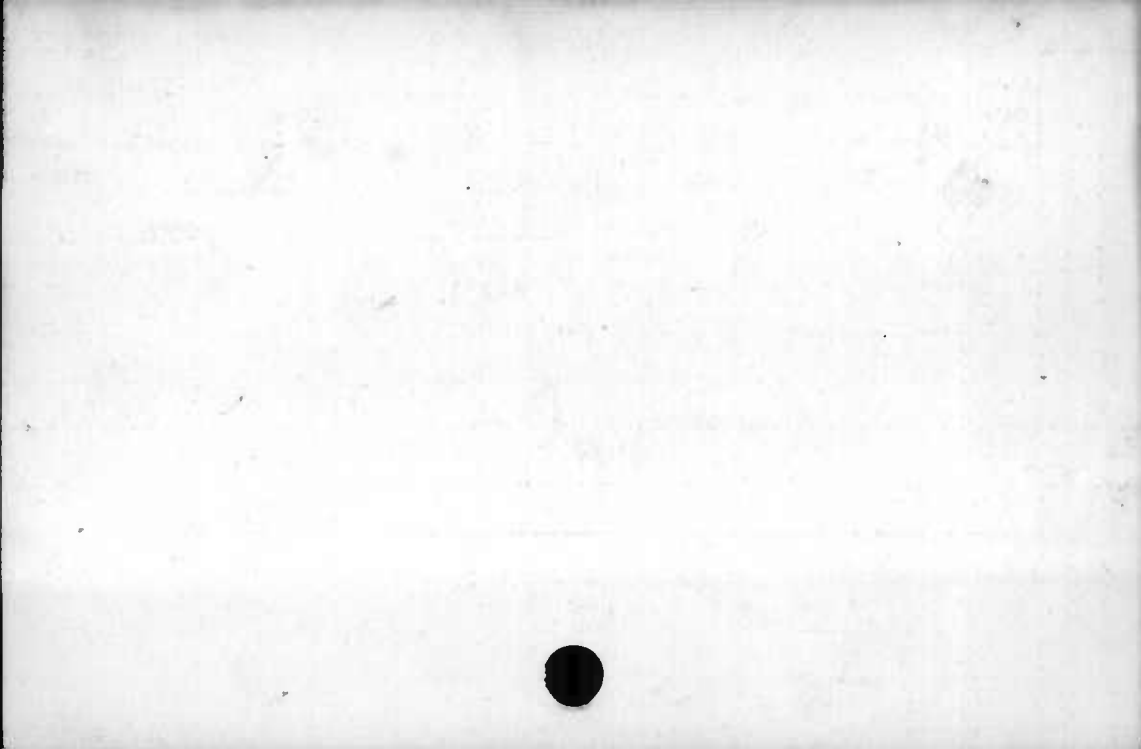
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New London</i>		County <i>Frederick</i>		MARYLAND	
Date of death 1905	Month <i>July</i>	Day <i>28</i>	Age	Years <i>10</i>	Months <i>27</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>New London</i>		
Occupation			Where Residing if not at place of death <i>Frederick County</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Edw H Crum</i>			Father's Birthplace <i>Frederick Co</i>		
Mother's Maiden Name <i>Nellie Hoffmann</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Edward H Crum</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Erysipela</i>	How long <i>all life</i>
Immediate <i>Went to</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. E. Stone</i>
	Address <i>Not Pleasant</i>
	<i>Maryland</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *John Jackson Curry*
Town *Clemmonsville* County *Frederick*Date of death *1906* Month *July* Day *2* Age *68* Years Months DaysSex *Male* Color or Race *Colored* Birth-place *Cumytown*Occupation *Laborer* Where Residing if not at place of deathMarried, Single *Single* Name of Wife or Husband *Ellen Davis*Father's Name *Jeramiah Curry* Father's BirthplaceMother's Maiden Name *Mary Curry* Mother's BirthplaceName of person giving information *Wife* How related to deceased

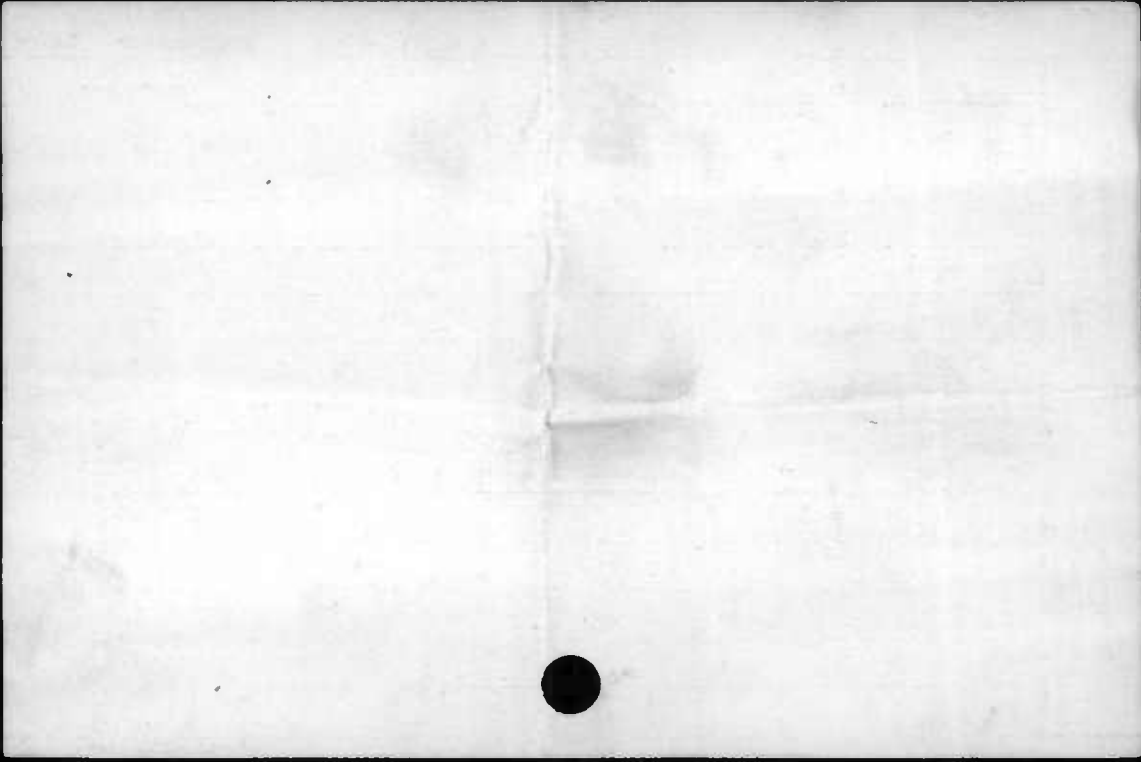
CAUSES OF DEATH

Primary *Typhoid Fever* How long *3 weeks*Immediate *Heart failure* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *D. B. G. Hoff*Address *Union Bridge Md.*

Accident or Suicide?



Name
in
Full

Eliya Leiggo

CERTIFICATE OF DEATH

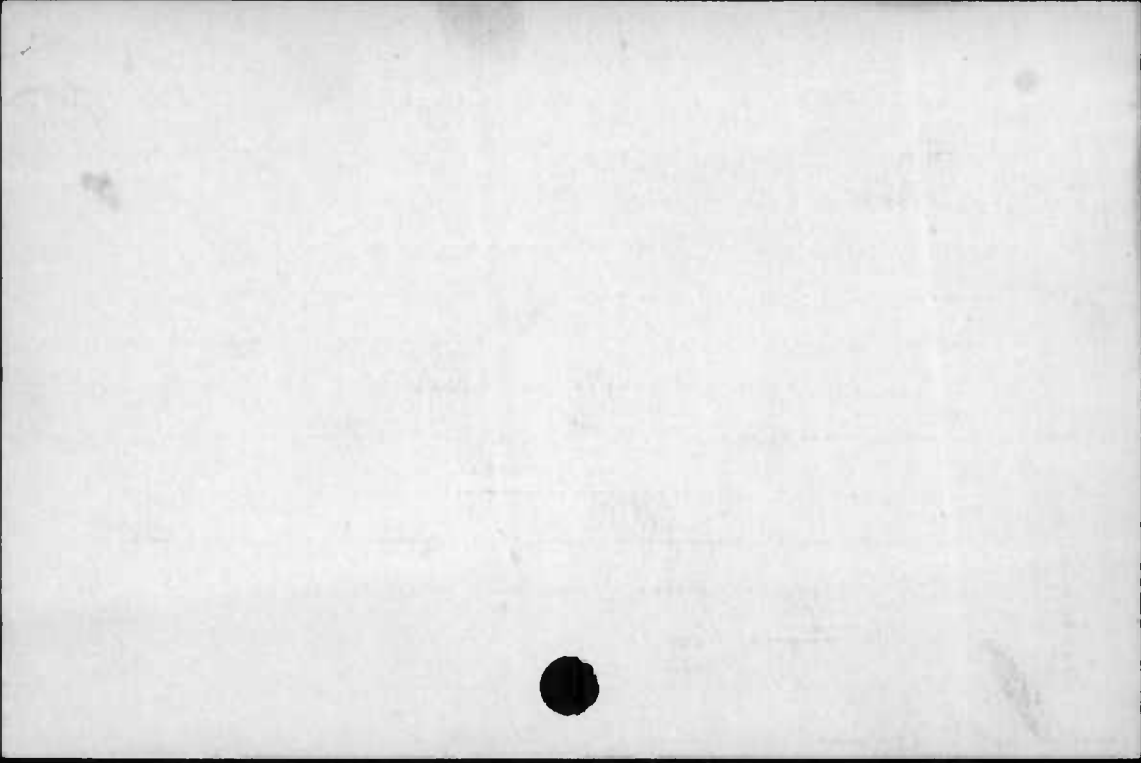
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Montreal Hospital</i>		Town <i>Montreal</i>		County <i>Providence</i>		STATE MARYLAND	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>21</i>	Age <i>80</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Frederick Co.</i>				
Occupation <i>Servant</i>			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband <i>X</i>				
Father's Name <i>X</i>			Father's Birthplace <i>X</i>				
Mother's Maiden Name <i>X</i>			Mother's Birthplace <i>X</i>				
Name of person giving information			How related to deceased <i>X</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Gen'l Debility</i>	How long	<i>154</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. S. Lyson.</i>	
		Address <i>Frederick, Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>July</i>	Day <i>25</i>	Years <i>26</i>	Months <i>—</i> Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>		
Occupation <i>brockman</i>	Where Residing if not at place of death <i>Brunswick Ind</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>George F Danner</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information <i>C. H. Zech</i>	How related to deceased <i>none</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Killed by car</i>	How long <i>1620</i>	How long <i>3 hours</i>
Immediate		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Hays</i>	
	Address <i>Brunswick Ind</i>	
Accident or Suicide?		

Knottville

Name
in
Full

Fals John M.

CERTIFICATE OF DEATH

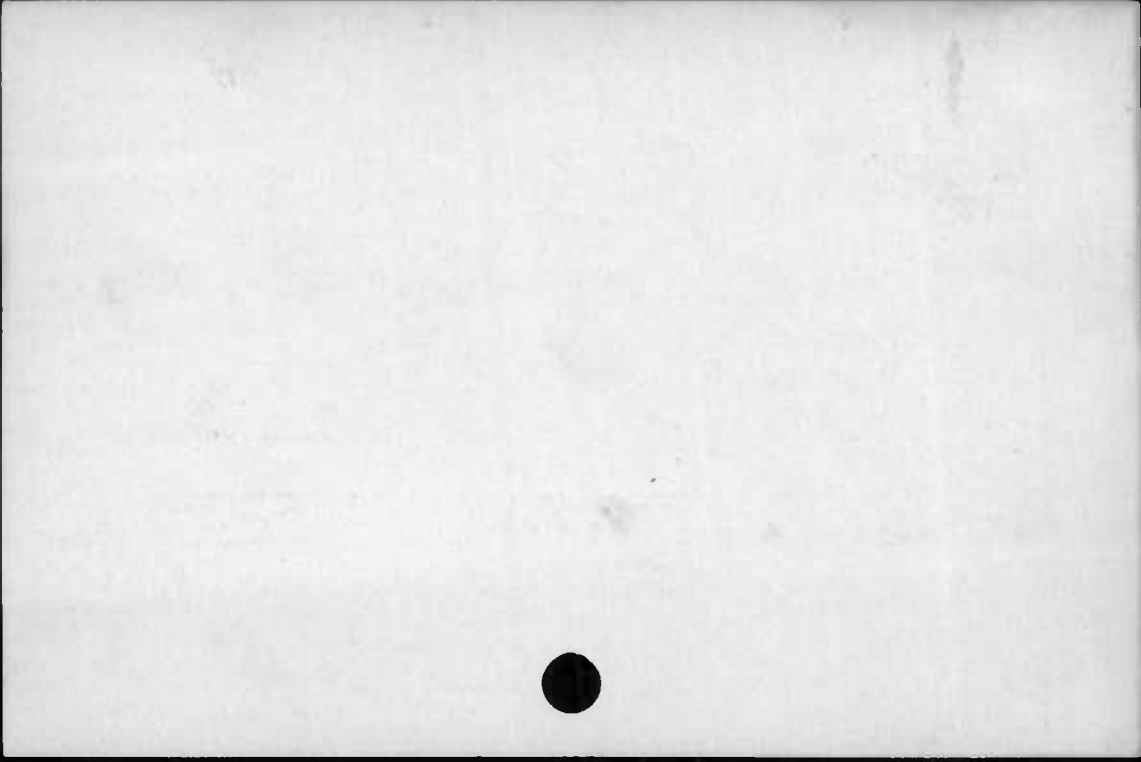
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>7</i>	Day <i>13</i>	Age <i>70</i>	Months <i>10</i> Days <i>12</i>
Sex <i>Male</i>	Color or Race <i>Caucasian</i>		Birthplace <i>Barnes, Iowa</i>		
Occupation <i>Shoe maker</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Carthage</i>		<i>Lucy</i>		
Father's Name <i>Christian Fals</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Eva Maymont Fals</i>	Mother's Birthplace <i>do</i>				
Name of person giving information <i>John Fals</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

Primary <i>Paralysis (Stroke)</i>	How long <i>9 years</i>
Immediate <i>Throat & Apoplexy</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. F. Talmy</i>
	Address <i>Frederick Md</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name
in
Full

Thomas C. Fox

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>7</i>	Day <i>21</i>	Age <i>66</i>	Years <i>66</i>	Months <i>3</i>	Days <i>14</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Frederick Co Md</i>			
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Katharine Rebecca Bleckinger</i>					
Father's Name <i>James Fox</i>		Father's Birthplace <i>Frederick Co Md</i>					
Mother's Maiden Name <i>Lydia Burton</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Mrs G R Fox</i>		How related to deceased <i>Wife</i>					

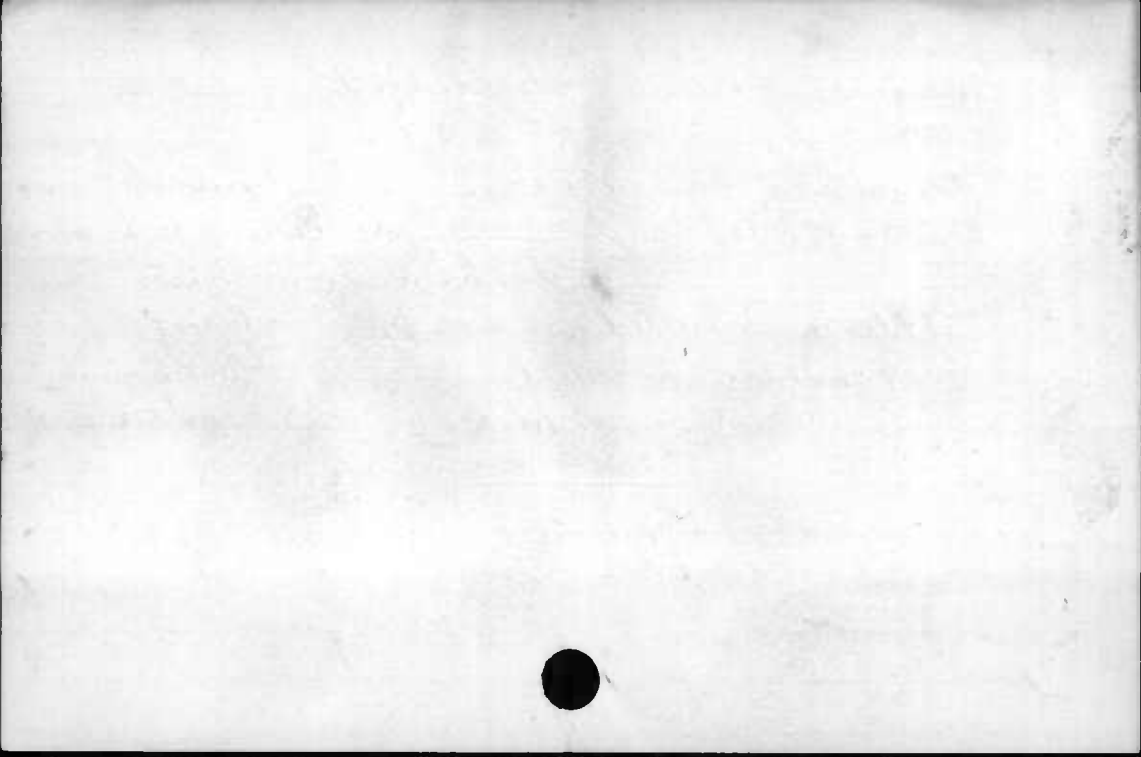
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Interstitial Nephritis</i>	How long <i>Several years</i>
Immediate <i>Uraemia</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. S. Hendrix, M.D.</i>
	Address <i>Frederick, Md</i>
Accident or Suicide?	

C. C. C. C. C. July 23/06

Name in Full		Jennette Franklin				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town West Falls		County Frederick		MARYLAND
	Date of death	1906	Month July	Day 5th	Age 84	Years	Months - -
	Sex	Female		Color or Race	White		Birth-place Frederick County
	Occupation	House Wife		Where Residing if not at place of death at Place of Death			
	Married, Single or Widowed	Single		Name of Wife or Husband Joshua Franklin			
	Father's Name	Stephen Gosnell				Father's Birthplace	Carroll County
	Mother's Maiden Name	Jennette Gosnell				Mother's Birthplace	Unknown
	Name of person giving information	Calvin Franklin				How related to deceased	Son
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">40</div>							
PHYSICIAN OR CORONER	Primary						How long
	Immediate		Cancer of the Stomach				How long 12 Mo 5
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician L J Lewis Undertaker		
	Address -		Antary md				
<div style="text-align: center;">Accident or Suicide?</div>							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Martha J Gelwicks</i>		Town <i>Emmitsburg</i>		County <i>Frederick</i>		State <i>MARYLAND</i>	
Died at <i>Emmitsburg</i>		Month <i>7</i>		Day <i>10</i>		Years <i>62</i>	
Date of death <i>1906</i>		Month <i>7</i>		Day <i>10</i>		Years <i>62</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>		Months <i>1</i>	
Occupation <i>House Wife</i>		Where Residing at place of death <i>as above stated</i>		Days <i>17</i>			
Married, Single <i>or Widowed</i>		Name of Wife Husband <i>Joseph J. Gelwicks</i>		Father's Birthplace <i>MD</i>			
Father's Name <i>Jacob M. M. Shover</i>		Mother's Maiden Name <i>Elizabeth M. Bullough</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Jos J. Gelwicks</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

Primary *Duodeno-cholangitis* **(114)** How long *6 Weeks.*

Immediate *Exhaustion.*

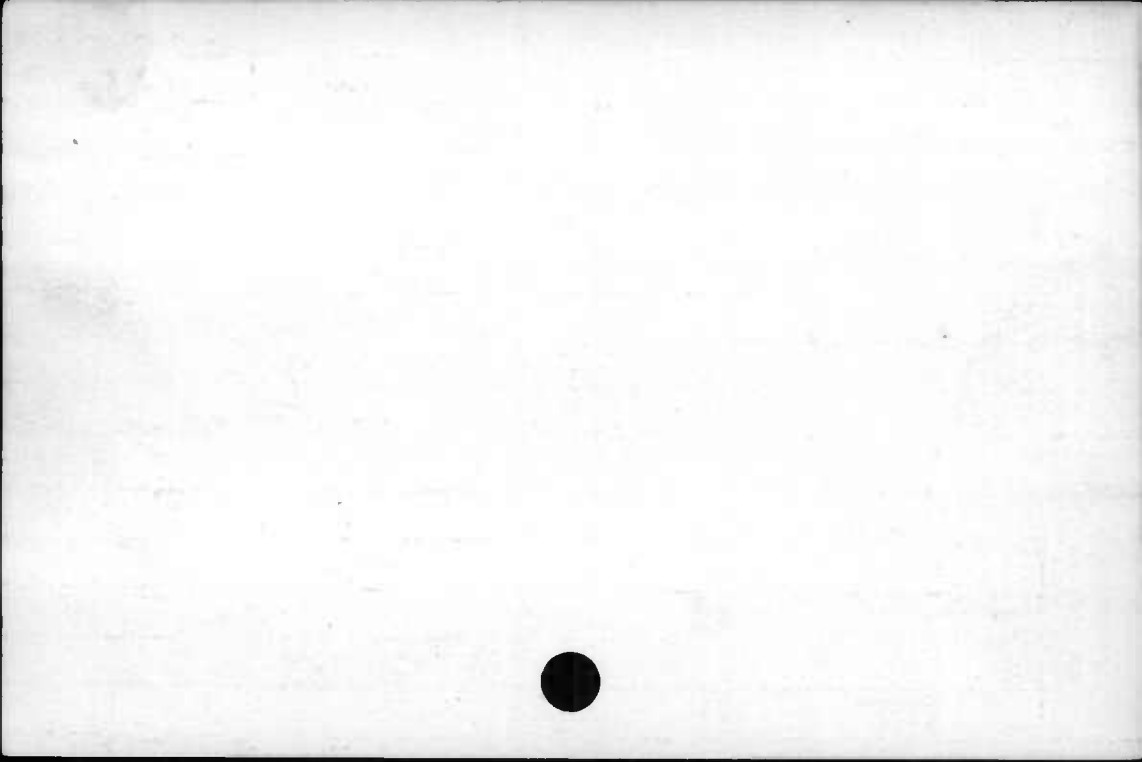
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

H. E. Stone
Emmitsburg
MD.

Accident or Suicide?



Name
in
Full

Grams

CERTIFICATE OF DEATH

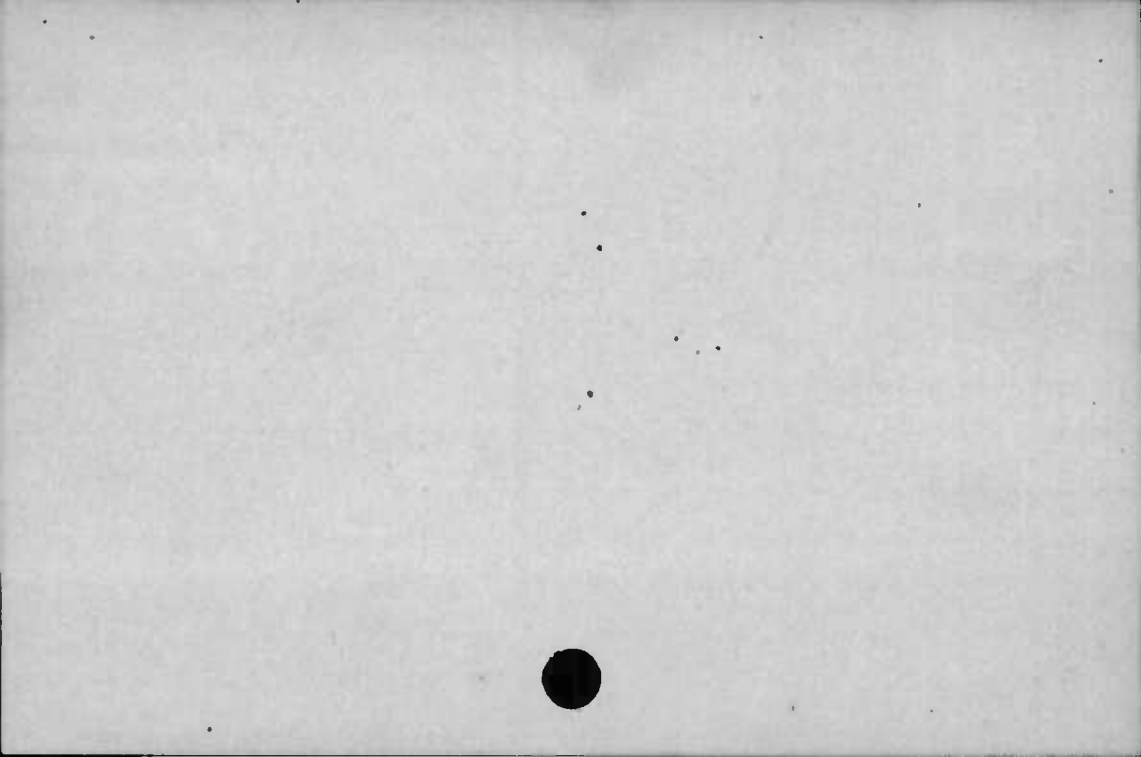
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brunswick</i> Town		<i>Fredrick</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>July</i>	Day <i>20</i>	Age Years	Months <i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Brunswick</i>		
Occupation <i>Infant</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband —			
Father's Name <i>G. F. Grams</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Alta A. Grams</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>G. F. Grams</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera. Inj. mlu</i>	How long <i>105</i>	<i>one day</i>
Immediate			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. S. Hedger</i>	Address <i>Brunswick Md</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Chester Haines

Died at **Hestfalls** ^{Town} **Fredt.** ^{County} **MARYLAND**

Date of death **1906** ^{Month} **July** ^{Day} **16** ^{Years} **Age** ~~XX~~ ^{Months} **—** ^{Days} **10**

Sex **Boy** Color or Race **white** Birthplace **Hestfalls**

Occupation _____ Where Residing if not at place of death _____

☒ Married, Single **Single** or Widowed ☒ Name of Wife or Husband _____

Father's Name **Chas. H. Haines** Father's Birthplace **Carroll Co**

Mother's Maiden Name **Emma May Fritz** Mother's Birthplace **Ind**

Name of person giving information **Saml. Fritz** How related to deceased **Uncle**

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary **Unknown** How long **Unknown**

Immediate **Unknown** How long **Unknown**

Are the name, age, sex, color, date and place correctly given above? **yes**

Signature of Physician **Thos. P. Sappington M.D.** Address **Unionville Ind**

Accident or Suicide? **No physician saw this child**



Name in Full	Geo. F. Harbaugh				CERTIFICATE OF DEATH	
	Town		County		2	
	Died at Sabillasville		Frederick		MARYLAND	
	Date of death	1906	Month	July	Day	7
	Age		38	Years	9	Months
	Sex		Male	Color or Race	White	Birth-place
	Occupation		Engineer	Where Residing if not at place of death		
	Married, Single or Widowed		Single	Name of Wife or Husband		
Father's Name		Oliver S. Harbaugh			Father's Birthplace	
Mother's Maiden Name		Catherine A. McClain			Mother's Birthplace	
Name of person giving information		Charles B. Harbaugh			How related to deceased	
					Brother	

CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	Bright's Disease	How long
	Immediate	Pulmonary Oedema	How long
	Are the name, age, sex, color, date and place correctly given above?		Yes
	Signature of Physician		G. L. Wachter M.D.
	Address		Sabillasville
Accident or Suicide?		No	Maryland.



Name
in
Full

Elizabeth Hart

CERTIFICATE OF DEATH

Died at ^{Town} *near Brooks-Town* ^{County} *Fredk* **MARYLAND**

Date of death 1906 ^{Month} 7 ^{Day} 20 Age ^{Years} 82 ^{Months} 6 ^{Days} 24

Sex *Female* Color or Race *White* Birth-place *F. Co. Md*

Occupation *House Wife* Where Residing if not at place of death *Same*

Married, Single or Widowed *Widow* Name of ~~Wife~~ Husband *Joseph Hart*

Father's Name *Archibald Whipp* Father's Birthplace *Md*

Mother's Maiden Name *Nancy Moore* Mother's Birthplace *"*

Name of person giving information *John Klipp* How related to deceased *Son in Law*

CAUSES OF DEATH

Primary *Senility* How long *154*
Immediate *Cardiac Paralysis* How long *24 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

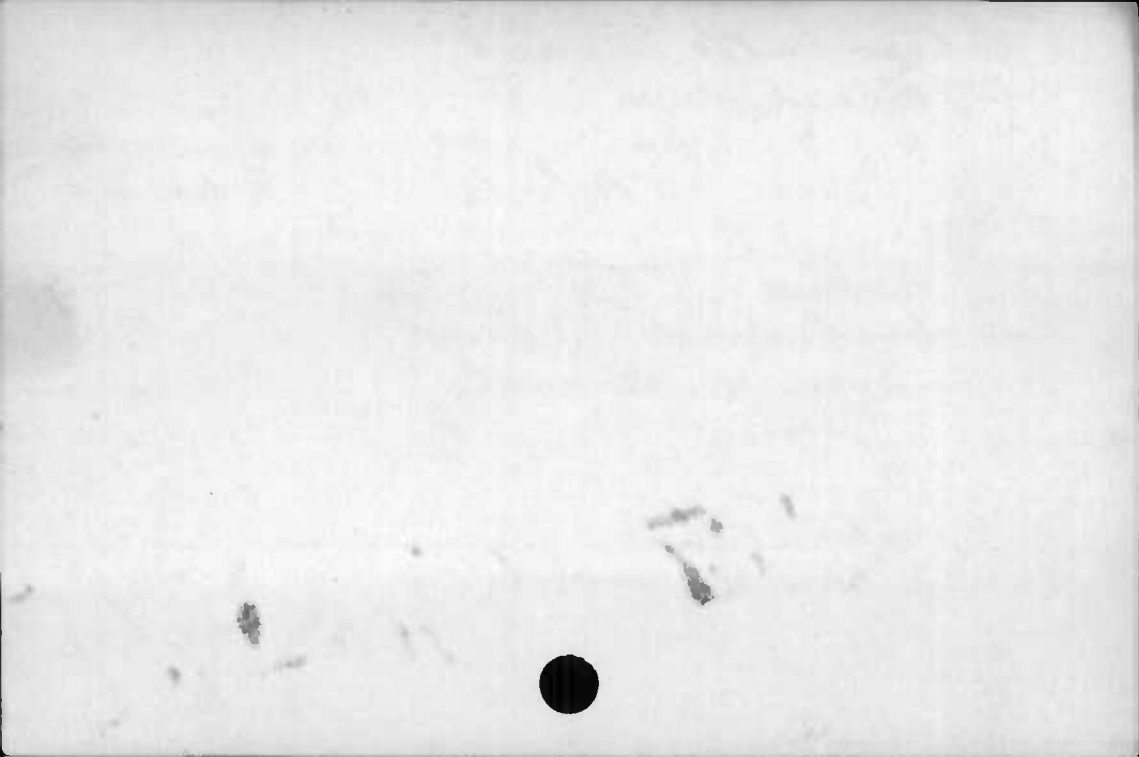
Signature of Physician *Frank Hedges*

Address *Medicine*

Accident or Suicide? *_____*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full <i>John William Hailan</i>		CERTIFICATE OF DEATH	
Died at <i>Pearl</i> Town		County <i>Frederick Co</i>	
Date of death <i>1906 July 24</i>		Age <i>None</i>	
Sex <i>Male</i>		Color or Race <i>White</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>Pearl</i>	
Married, Single or Widowed		Name of Wife or Husband	
Father's Name <i>Francis W. Hailan</i>		Father's Birthplace <i>Baltimore</i>	
Mother's Maiden Name <i>Mary E. Kunkle</i>		Mother's Birthplace <i>Pearl</i>	
Name of person giving information <i>Francis W. Hailan</i>		How related to deceased <i>Father</i>	
CAUSES OF DEATH			
Primary <i>Cholera Infantum</i>		How long <i>24 hours</i>	
Immediate <i>Exhaustion</i>		How long <i>3 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. G. McLeaves</i>	
		Address <i>Frederick Md</i>	
Accident or Suicide?			

St. John

Name
in
Full

Raymond Heiser

CERTIFICATE OF DEATH

Died at *Frederick* Town*Frederick* County

MARYLAND

Date
of death *1906* Month *July*Day *27*Age *—* YearsMonths *—*Days *15*Sex *Female*Color or
Race *white*Birth-
place *Frederick Md.*Occupation *—*Where Residing if not
at place of death *—*Married, Single
or Widowed *—*Name of Wife or
Husband *—*Father's
Name *Raymond Heiser*Father's
Birthplace *—*Mother's
Maiden Name *Mary Betson*Mother's
Birthplace *Wasson, Ga., Md.*Name of person giving
In formation *Ann M. Betson*How related
to deceased *Grandmother*

CAUSES OF DEATH

Primary *Inanition*How long *15 day*Immediate *Exhaustion*How long *3 day*Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician *J. M. Grossman MD*Address *—*Accident or Suicide? *—*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

In
Full

CERTIFICATE OF DEATH

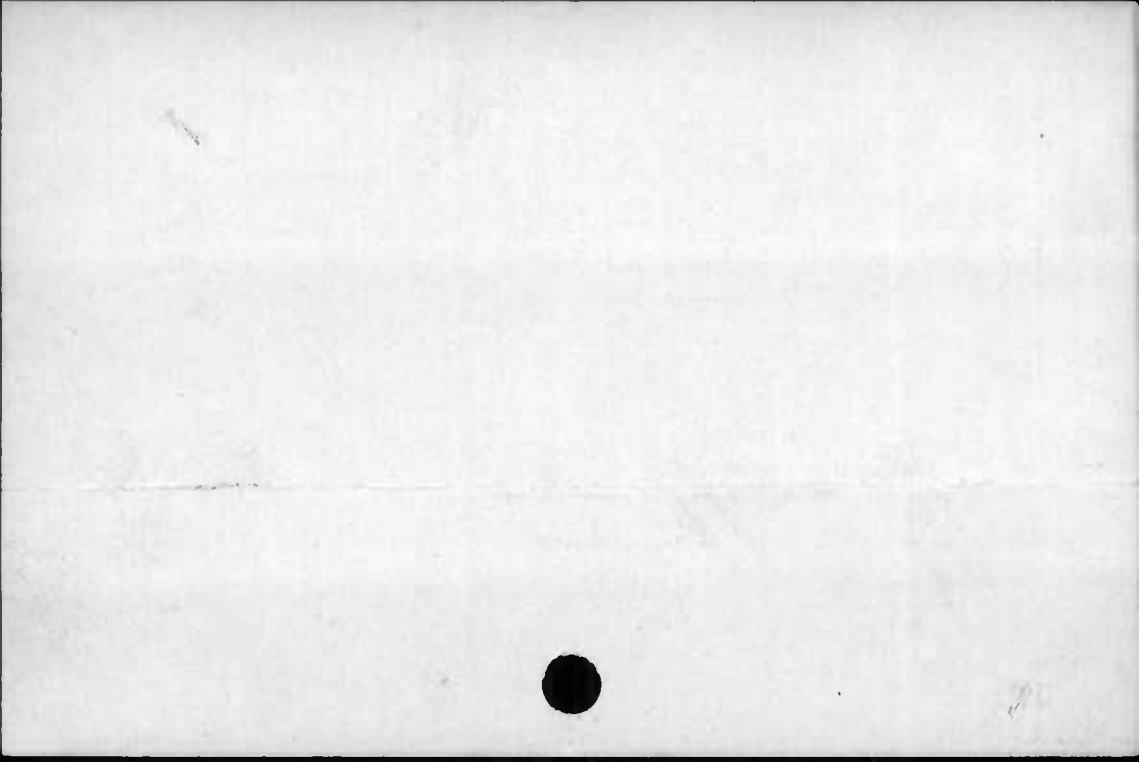
TO BE ANSWERED BY
NEAREST FRIEND

Name In Full <i>Amanda Himes</i>		Town <i>Wolfsville</i>		County <i>Fredrick</i>		MARYLAND	
Died at <i>Wolfsville</i>		Month <i>July</i>		Day <i>16</i>		Years <i>60</i>	
Date of death <i>1906</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>md-</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband					
Father's Name <i>Joseph Stottmeyer</i>		Father's Birthplace <i>Wolfsville Md</i>					
Mother's Maiden Name <i>Margaret Hays</i>		Mother's Birthplace					
Name of person giving Information <i>James A. Groule</i>		How related to deceased <i>Cousin to wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malignant Diverticuli</i>		How long <i>6 mo-</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes-</i>		Signature of Physician <i>W. C. Wheeler M.D.</i>	
		Address <i>Beonsboro Washington Geo-</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

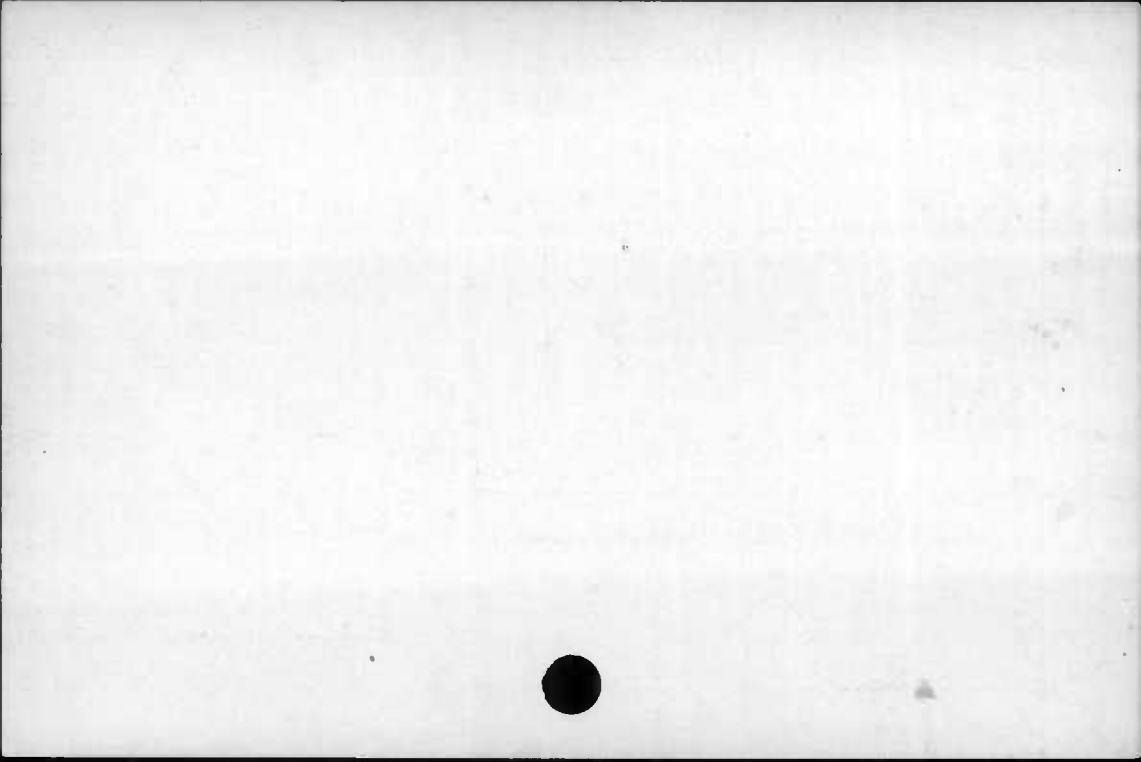
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>James H. Huffman</i>		Town <i>Monteith</i>		County <i>Fredricks</i>		State <i>MARYLAND</i>	
Died at <i>Monteith Hospital</i>		Date of death <i>1904 July 3</i>		Age <i>80</i>		Months <i>8</i> Days <i>10</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Fredricks, Md</i>			
Occupation <i>Labour</i>		Where Residing If not at place of death					
Married, Single or Widowed		Name of Wife or Husband <i>X</i>					
Father's Name <i>X</i>		Father's Birthplace <i>X</i>					
Mother's Maiden Name <i>X</i>		Mother's Birthplace <i>X</i>					
Name of person giving information <i>Miss Shock, Nurse</i>		How related to deceased <i>Niece</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart Debility</i>	How long <i>154</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. S. Lyson</i>
	Address <i>Fredricks Md</i>
Accident or Suicide?	



Name
in
Full

Mrs M. N. Hyman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Indiana</i>		Town <i>Indiana</i>		County <i>Indiana</i>		MARYLAND	
Date of death <i>1906 July 18</i>		Month <i>July</i>		Day <i>18</i>		Years <i>62</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>North Carolina</i>			
Occupation <i>Maids</i>		Where Residing if not at place of death <i>Rocky Mount N.C.</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Sam. Hyman</i>					
Father's Name <i>Wm. Hilliard</i>		Father's Birthplace <i>Wash Co W.Va</i>					
Mother's Maiden Name <i>Lallie Dortch</i>		Mother's Birthplace <i>York Co W.Va</i>					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

20

PHYSICIAN
OR CORONER

Primary <i>Chronic Interstitial Nephritis</i>		How long <i>do not know</i>	
Immediate <i>Acute Uræmia</i>		How long <i>Four days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. B. Johnson</i>	
		Address <i>Indiana Ind.</i>	
Accident or Suicide?			

M. H. B. Etchison

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full		Town		County		CERTIFICATE OF DEATH	
Mary Nestor James		Frederick		Frederick		MARYLAND	
Died at		Date of death		Age		Months Days	
1906		July 26		62			
Sex		Color or Race		Birth-place			
Female		Black		Md.			
Occupation		Where Residing if not at place of death					
Housewife		Same					
Married, Single or Widowed		Name of Wife or Husband					
Widow		Ephriam James					
Father's Name		Father's Birthplace					
Thomas Wilson		Md.					
Mother's Maiden Name		Mother's Birthplace					
Annelia Palmer		Md.					
Name of person giving information		How related to deceased					
Elyza Perry		Sister					
CAUSES OF DEATH							
Primary		How long					
Chronic Valvular Disease		2 1/2					
Immediate		How long					
Cyanosis							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
yes		D. H. G. Boume					
		Address					
		Frederick Md.					
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Brunswick* ^{Town} *Fried.* ^{County}Date of death *1906* ^{Month} *July* ^{Day} *25* ^{Years} *Age* ^{Months} *1* ^{Days}Sex *Female* Color or Race *White* Birth-place *Brunswick*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____

Name of Wife or Husband _____

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary *Summer diarrhoea* ^{How long} *120K*

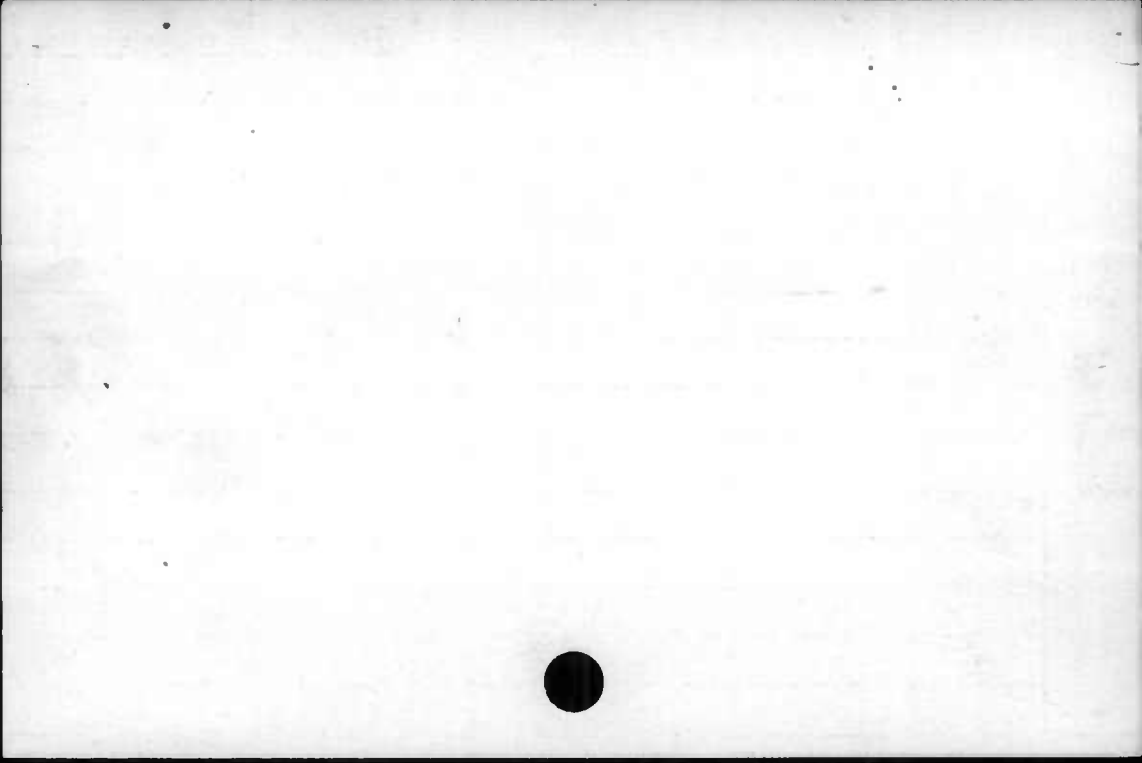
Immediate

Are the name, age, sex, color, date and place correctly given above? *Supper So*

Signature of Physician

Address

Accident or Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at		Town 13 Brunswick		County Frederick		MARYLAND	
Date of death		1906	Month July	Day 6	Age VI	Years —	Months —
Sex Male		Color or Race Black		Birth-place Md			
Occupation Child				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Charley King				Father's Birthplace Md			
Mother's Maiden Name Mary C. Halland				Mother's Birthplace Md			
Name of person giving Information H. Bert Campbell				How related to deceased Step father			

CAUSES OF DEATH

Primary	General Tuberculosis	How long	3 years
Immediate	Exhaustion	How long	24
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Lemi West	
		Address Brunswick Co	
Accident or Suicide?			

3/4

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Wm King* Town *Buckley*County *Maries*

Date

of death *1906*

Month

July

Day

1

Age

Years

98

Months

8

Days

6

Sex

*Male*Color or
Race*white*Birth-
place*Germany*

Occupation

*Machinist*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Mary Martell*Father's
Name*Don't Know*Father's
BirthplaceMother's
Maiden Name*Don't Know*Mother's
BirthplaceName of person giving
Information*Frederic King*How related
to deceased*Son*

CAUSES OF DEATH

Primary

Paralysis Agnans

How long

63 *Eight or ten years*

Immediate

General Debility

How long

*Gradual*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*J. B. Johnson*

Address

Indians, Ind.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

M. Christ

Name
in
Full

Paul Knell

CERTIFICATE OF DEATH

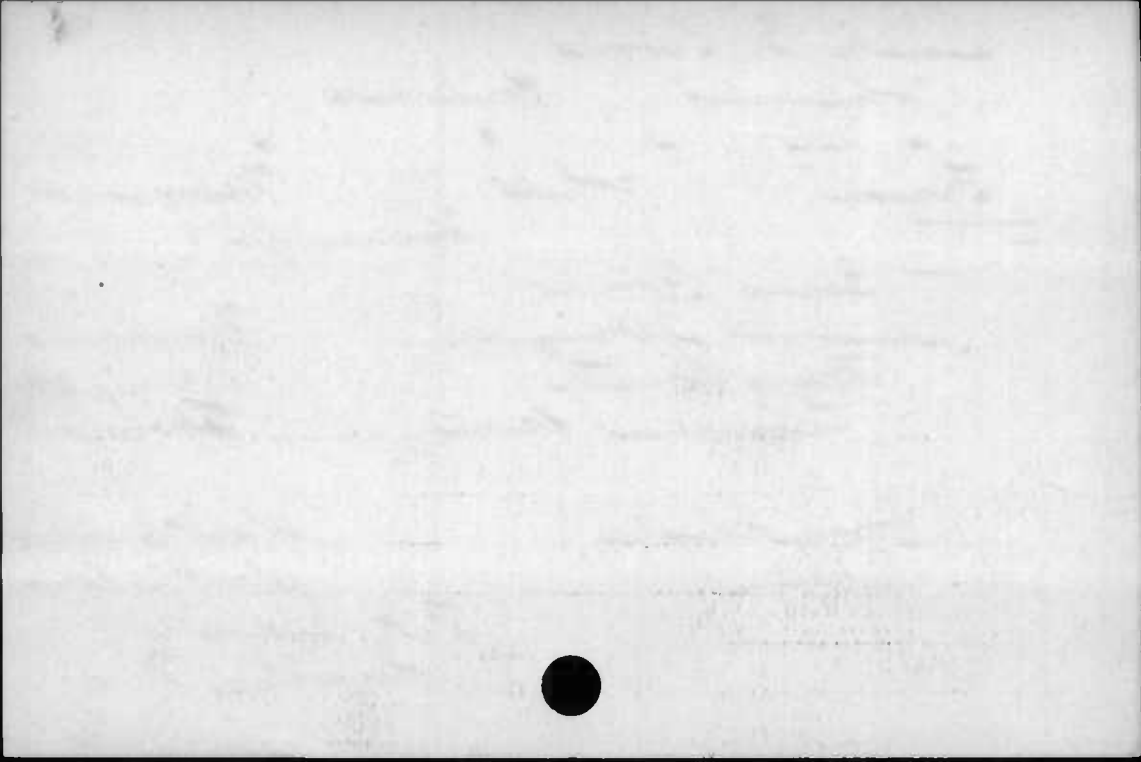
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND			
Date of death		1906	July	8th	Age	Years	Months	Days	
Sex		male		Color or Race		white		Birth-place	Fredensburg
Occupation		Infant		Where Residing if not at place of death		—			
Married, Single or Widowed		Single		Name of Wife or Husband		—			
Father's Name		Stephen P. Knell				Father's Birthplace		Md	
Mother's Maiden Name		Ida Mc Bride				Mother's Birthplace		Md	
Name of person giving information		P. Knell				How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	24 hours
Immediate	Exhaustion	How long	2 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Frank Hodge	
		Address	
		Fredensburg	
Accident or Suicide?			



Name
in
Full

Seneca E. Storns

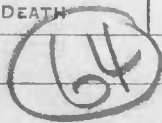
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Johnsville</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death 190 <i>6</i>	Month <i>July</i>	Day <i>4</i>	Years <i>81</i>	Months <i>6</i>	Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married Widowed			Occupation <i>Housewife</i>		
Name of Wife <i>Isaac Storns</i> Husband					
Father's Name <i>Andrew Albough</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Mary Smith</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Lawrence Storns</i>			How related to deceased <i>Step Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hemiplegia</i>		How long <i>about 6 weeks</i>
Immediate <i>Coma</i>		How long <i>about 24 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>F. E. Sidwell</i>
		Address <i>Johnsville, Md.</i>
Accident or Suicide?		



Name
in
Full

Susan Kuhn

CERTIFICATE OF DEATH

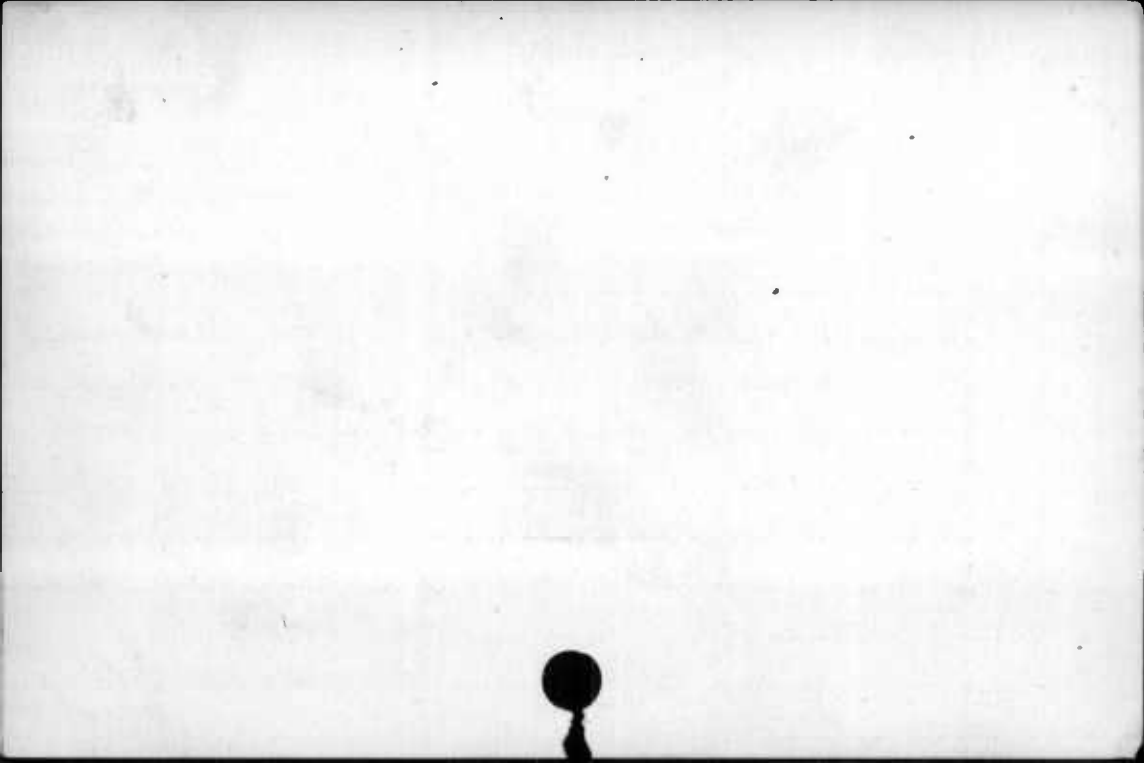
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near wolfville</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death	1906	Month	July	Day	28	Age	82
Sex	Female	Color or Race	white	Birth-place	Md		
Occupation	Housekeeper		Where Residing if not at place of death				
Married, Single or Widowed	widowed		Name of Wife or Husband				
Father's Name	John Portner				Father's Birthplace	Md.	
Mother's Maiden Name	Elizabeth Schroyer				Mother's Birthplace	Md.	
Name of person giving information					How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long	(66)
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	3 days
Signature of Physician	A. J. Smith	
Address	Wolfville Md	
Accident or Suicide?	no	



Name in Full		Lethrum County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Brunswick</u>		Town		MARYLAND
	Date of death <u>1906</u>		Month <u>July</u> Day <u>31</u> Years <u>12</u>		
	Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Brunswick</u>
	Occupation <u>none</u>		Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband		
	Father's Name <u>Peter Lethrum</u>		Father's Birthplace <u>Austria</u>		
	Mother's Maiden Name <u>Lizzie Onoford</u>		Mother's Birthplace <u>Austria</u>		
Name of parson giving information <u>Peter Lethrum</u>		How related to deceased <u>Father</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary		<u>Cholera Infantum</u>		How long <u>2 days</u>
	Immediate				How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>A. H. Horner</u>		
			Address <u>Brunswick Md</u>		
Accident or Suicide?					



Name

in
Full

CERTIFICATE OF DEATH

Juanita Lippys

Town

County

Died at

Fredericks

Fredericks

MARYLAND

Date

of death 1906

Month

7

10

Age

Years

2

Months

9

Days

9

Sex

Female

Color or
Race

White

Birth-
place

Biting

Occupation

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Thomas S. Lippys

Father's
Birthplace

City

Mother's
Maiden Name

Margia Collier

Mother's
Birthplace

Va

Name of person giving
In formation

T. S. Lippys

How related
to deceased

Father

CAUSES OF DEATH

Primary

Burns

How long

2 Days

Immediate

Edema of Lungs

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

R. S. Lyon

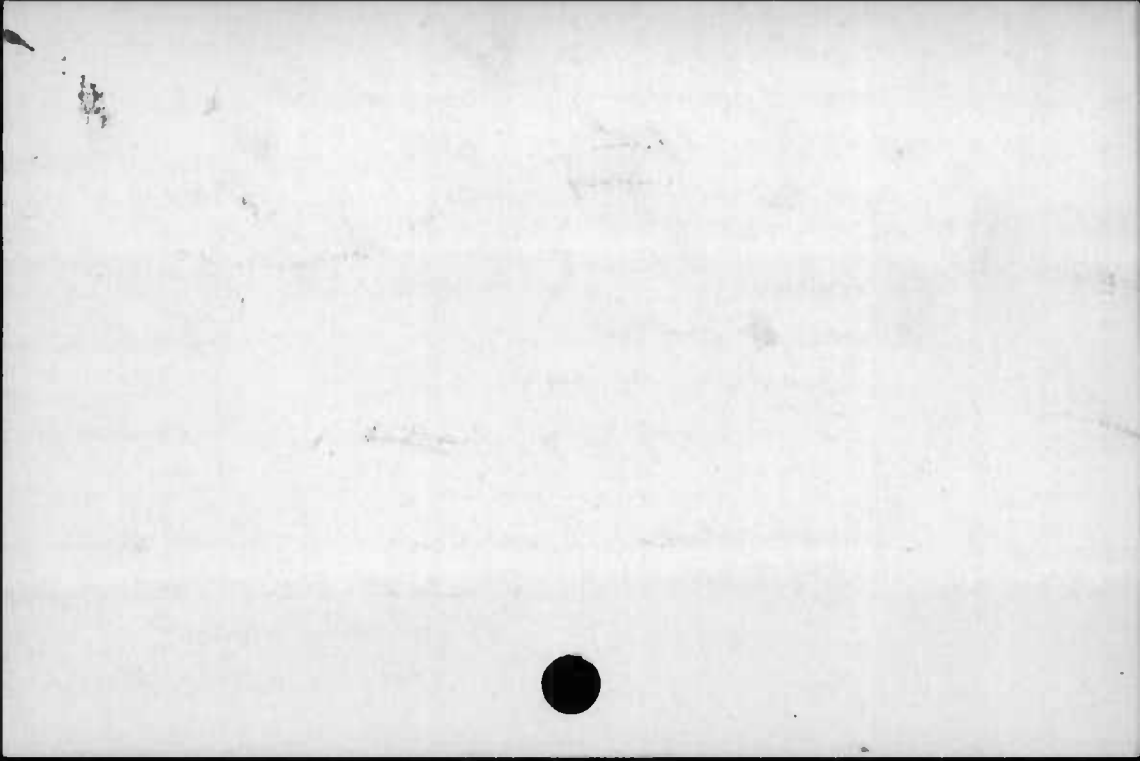
Address

Fredericks Med

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Maria H. Lipps* Town *Fredericks* County *Fredericks* MARYLAND

Died at *Fredericks*

Date of death 190*6* Month *7* Day *11* Age *44* Years Months *4* Days *5*

Sex *Female* Color or Race *White* Birth-place *Va*

Occupation *House Wife* Where Residing if not at place of death *Same*

Married, Single or Widowed *Married* Name of Wife or Husband *Thomas B. Lipps*

Father's Name *John Loker* Father's Birthplace *Va*

Mother's Maiden Name *Unknown* Mother's Birthplace *"*

Name of person giving information *T. S. Lipps* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Burns* How long *2 days*

Immediate *Shocks* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

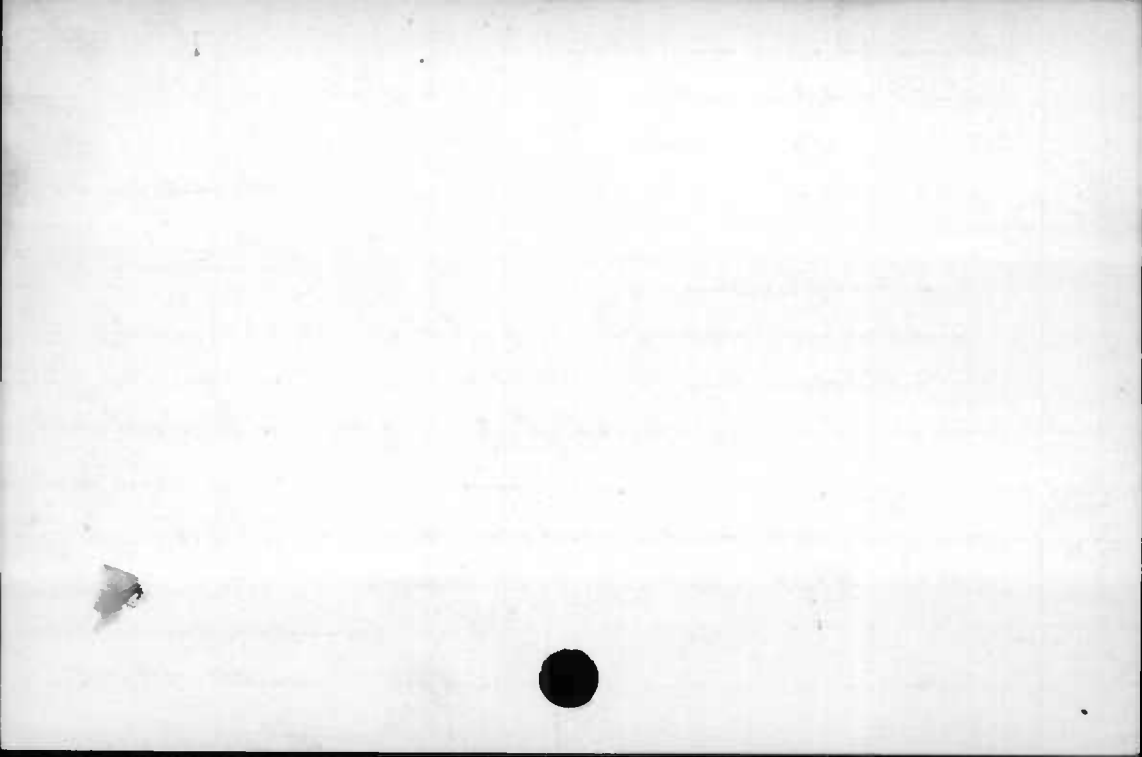
Signature of Physician *R. S. Lyman*

Address *Fredericks Va*

Accident or Suicide? *—*



Name in Full		George Little				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	MONTGOMERY				Fred's			
	Date of death		Month	Day	Age	Years	Months	Days
	1906		July	6	about 40			
	Sex		Color or Race		Birth-place			
	Male		Black					
	Occupation		Where Residing if not at place of death					
Laborer								
Married, Single or Widowed		Name of Wife or Husband						
Father's Name		Father's Birthplace						
Mother's Maiden Name		Mother's Birthplace						
Name of person giving information		How related to deceased						
		CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary		Cerebral Hemorrhage			How long		
	Immediate		Shock			How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address			
Accident or Suicide?								



Name in Full	<i>McGrady Peter</i>			CERTIFICATE OF DEATH	
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TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Frederick</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
	Date of death <i>1906</i>	Month <i>7</i>	Day <i>8</i>	Age <i>22</i>	Years	Months
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Frederick Md</i>		
	Occupation <i>Time Turner</i>			Where Residing if not at place of death <i>Frederick Md</i>		
	Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>---</i>			
	Father's Name				Father's Birthplace	
	Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>Corner</i>				How related to deceased		

CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	<i>Drowning</i>	How long <i>Suddenly</i>
	Immediate	<i>---</i>	How long <i>---</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>A.P. Fahrney M.D.</i>
			Address <i>Frederick Md.</i>
	Accident or Suicide? <i>Accident</i>		<i>C.A. Eckstein coroner</i>

B. B. Kautz
July 9/61

Name
in
Full

Rev Ernest McGill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near</i> ^{Town} <i>Thurmont</i> ^{County} <i>Frederick</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>7</i>	Day <i>7</i>	Age <i>5-0</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>N.Y.</i>	Months <i>9</i> Days <i>17</i>
Married, Single or Widowed		Occupation <i>Minister</i>	
Name of Wife or Husband <i>Mary McGill</i>			
Father's Name <i>Joseph McGill</i>		Father's Birthplace <i>Canada</i>	
Mother's Maiden Name <i>Harriet Cyclesheimer</i>		Mother's Birthplace <i>N.Y.</i>	
Name of person giving information <i>Mrs Mary McGill</i>		How related to deceased <i>Wife</i>	

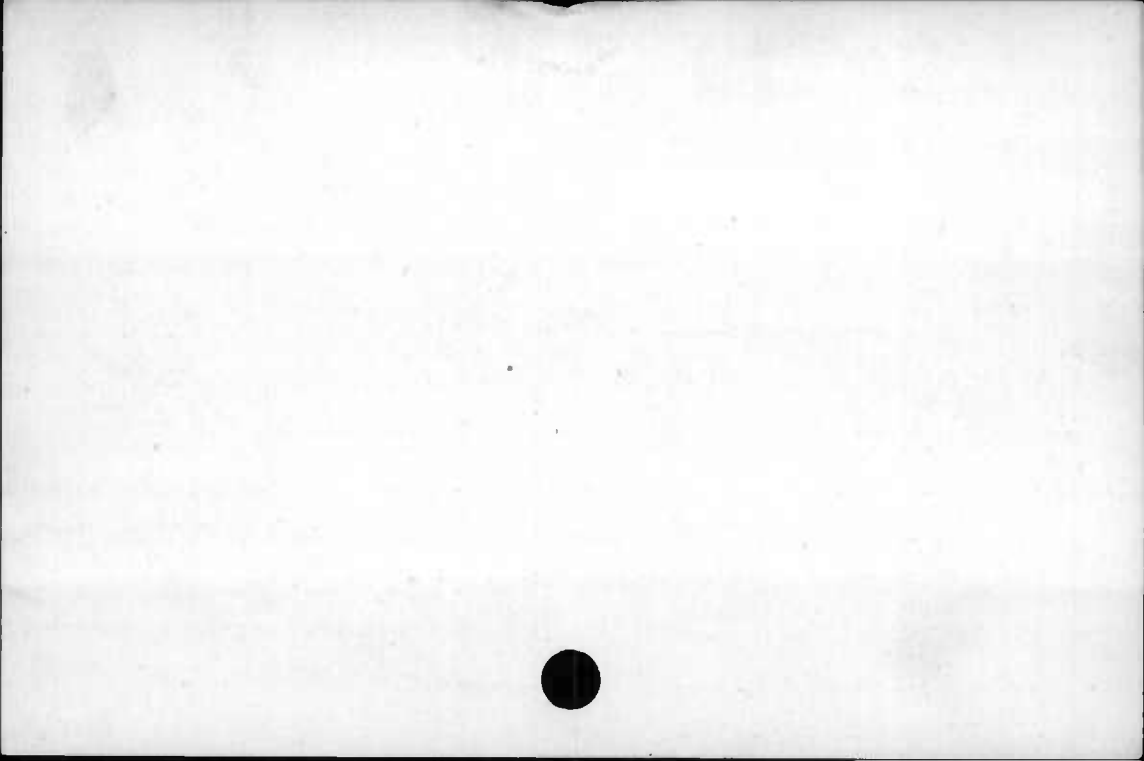
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Arteriosclerosis, degeneration of arteries</i>	How long <i>6 yrs -</i>
Immediate <i>Apoplexy</i>	How long <i>hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. A. Daily</i>
	Address <i>Thurmont Md.</i>
Accident or Suicide?	



Name In Full		Henry Marken				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died <input checked="" type="checkbox"/> near ^{Town} <i>near Wolfsville</i>		^{County} <i>Frederick</i>		MARYLAND							
		Date of death	<i>1906</i>	Month	<i>July</i>	Day	<i>23</i>	Age	<i>80</i>	Months	<i>4</i>	Days	<i>19</i>
		Sex	<i>male</i>		Color or Race	<i>white</i>		Birth-place	<i>md</i>				
		Occupation	<i>Laborer</i>				Where Residing if not at place of death						
		Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband								
PHYSICIAN OR CORONER		Father's Name <i>Samuel Marken</i>				Father's Birthplace <i>md</i>							
		Mother's Maiden Name <i>Margaret Brunner</i>				Mother's Birthplace <i>md</i>							
		Name of person giving information <i>J. S. Doble</i>				How related to deceased <i>Brother-in-law</i>							
		CAUSES OF DEATH 125											
PHYSICIAN OR CORONER		Primary <i>complication - Heart, Kidney & Enlarged Prostate</i>				How long <i>several yrs.</i>							
		Immediate <i>Uræmic Poisoning</i>				How long <i>2 weeks</i>							
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>A. J. Smith</i>							
						Address <i>Wolfsville md.</i>							
		Accident or Suicide?											



Name
in
Full

Mary Grace Murphy

CERTIFICATE OF DEATH

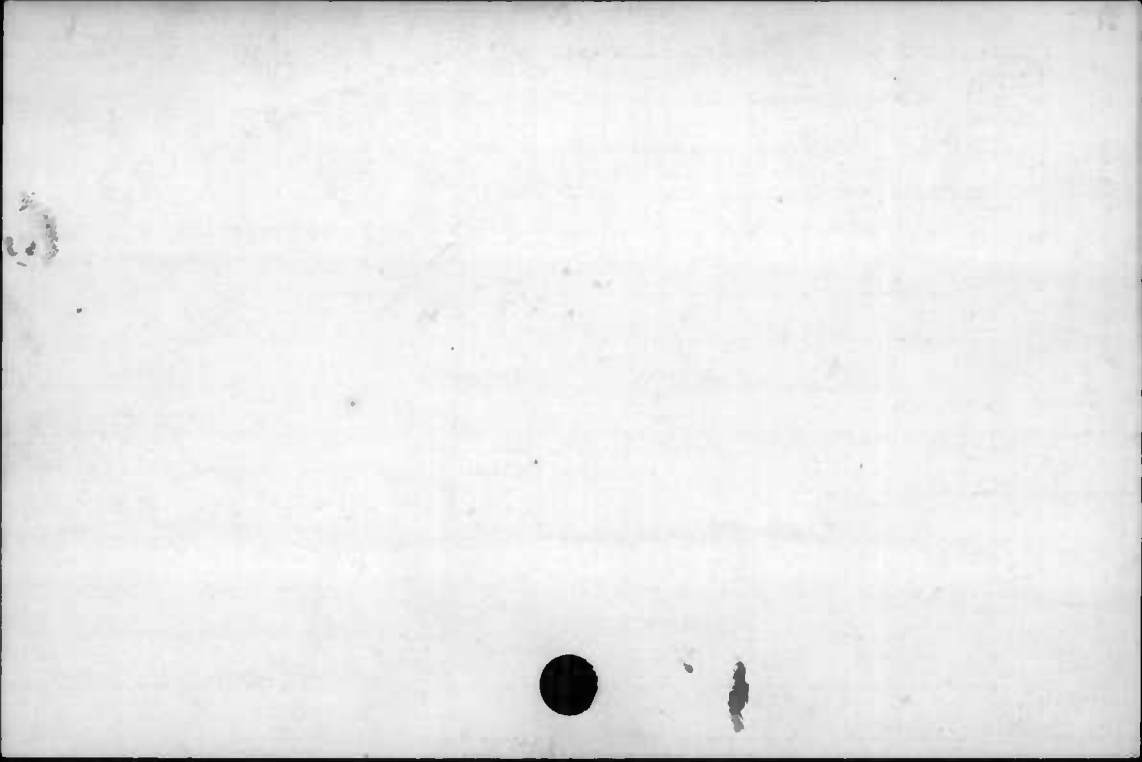
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Middle town		Frederick County		MARYLAND	
Date of death	1906	Month	July	Day		Years	1
Sex	Female		Color or Race	Black		Birthplace	md
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Benjamin Murphy		Father's Birthplace	md
Mother's Maiden Name				Kate Ella Coats		Mother's Birthplace	md
Name of person giving information				" "		How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronchitis	How long	Several months
Immediate	Cardiac Asthenia	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		W. G. Brown	
Address		Frederick, md	
Accident or Suicide?			



Name
in
Full

Lucy Nelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND		
Date of death		1906	Month July	Day 29	Age 0	Years 0	Months 3	Days 18
Sex Female		Color or Race Black		Birth- place Frederick				
Occupation				Where Residing if not at place of death				
Married, Single or Widowed				Name of Wife or Husband				
Father's Name George Nelson				Father's Birthplace Md.				
Mother's Maiden Name Blanche Claggett				Mother's Birthplace Md.				
Name of person giving In formation Blanche Claggett				How related to deceased Mother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Marasmus		How long 2 month	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician A. C. S. Bourne	
				Address Frederick, Md.	
Accident or Suicide?					



Name
in
Full

Harriet Haven

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Montgomery Hospital</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>14</i>	Age <i>80</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving information			How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senil Debility</i>	How long	<i>154</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. E. Lyson</i>	
		Address <i>Frederick, Md.</i>	
Accident or Suicide?			



Name
In Full

O'Brien, Mrs Augustus

CERTIFICATE OF DEATH

Died at <i>Pikie Mills</i> <small>Town</small>		<i>Fredrick</i> <small>County</small>		MARYLAND	
Date of death	1906	Month	7	Day	31
Age		Years	47	Months	6
Sex	Female		Color or Race	Caucasian	
Occupation			Birth-place	—	
Where Residing if not at place of death					
Married, Single or Widowed	Yes		Name of Wife or Husband	<i>Augustus O'Brien</i>	
Father's Name	<i>Adam Montrose</i>			Father's Birthplace	
Mother's Maiden Name	<i>Annan Kauffman</i>			Mother's Birthplace	
Name of person giving information	<i>Anatand</i>			How related to deceased	

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	<i>Carcinoma Uteri</i>	How long	<i>2 years</i>
Immediate	<i>asthenia</i>	How long	<i>6 mos</i>
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	<i>Dr P. Falmer and</i>
		Address	<i>Fredrick Md</i>
Accident or Suicide?			

PHYSICIAN
OR CORONER

Schneider Aug 2
M.O.

Name
in
Full

Norma. F. O'Brien

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Reids Mills</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death	Month	Day	Age	Years	Months
<i>1906</i>	<i>7</i>	<i>28</i>	<i>—</i>	<i>—</i>	<i>3</i>
Sex	Color or Race		Birthplace		
<i>Female</i>	<i>White</i>		<i>Reids Mills</i>		
Occupation			Where Residing at place of death		
<i>—</i>			<i>Reids Mills</i>		
Married, Single or Widowed			Name of Wife or Husband		
<i>—</i>			<i>—</i>		
Father's Name			Father's Birthplace		
<i>Catherine O'Brien</i>			<i>Reids Mills</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Catherine O'Brien</i>			<i>Reids Mills</i>		
Name of person giving information			How related to deceased		
<i>Catherine O'Brien</i>			<i>Grandmother</i>		

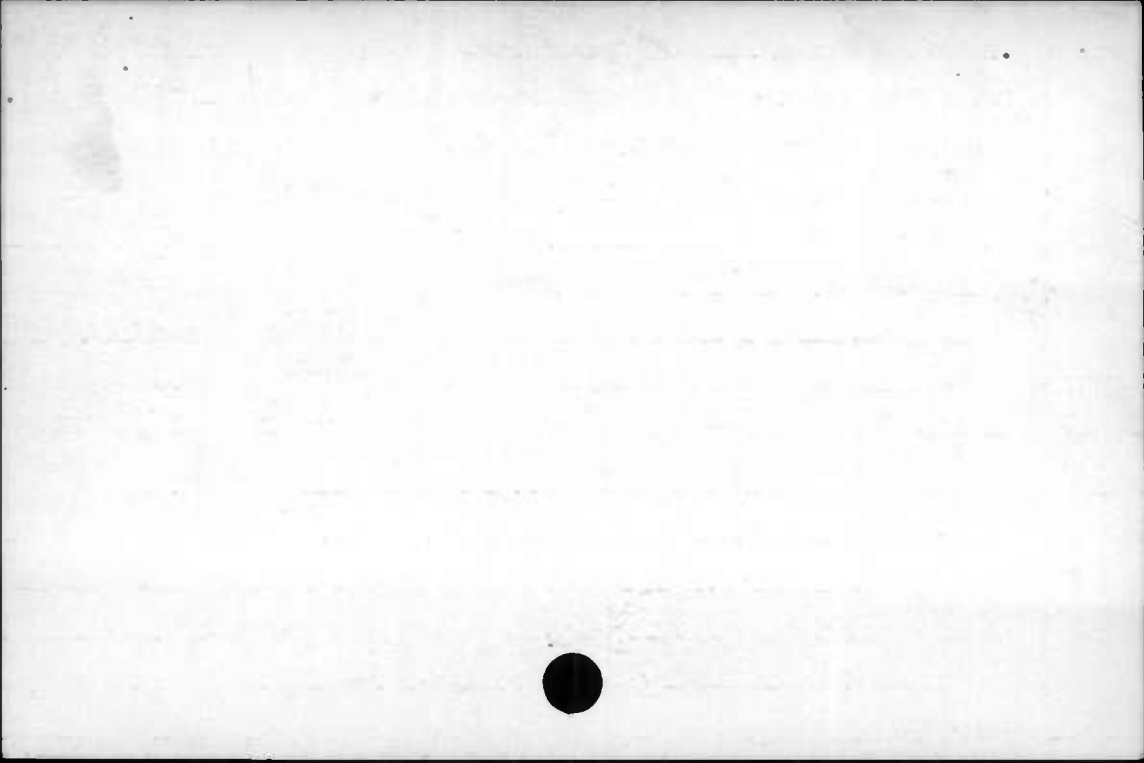
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
<i>Myocardium</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
	<i>Dr. T. E. R. Miller</i>
	<i>FREDERICK, MD.</i>
Accident or Suicide?	<i>H. Schneider Undertaker</i>

W. O. Lück Schroeder

Name in Full Susan C. Orrison		Town Brunswick		County Indrisht		CERTIFICATE OF DEATH	
Died at		Date of death		Age		MAYLAND	
Month July		Day 5		Years 27		Months 27	
Sex Female		Color or Race White		Birth-place Pa			
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband John W Orrison					
Father's Name Geo Grimes		Father's Birthplace Pa					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information John W Orrison		How related to deceased Husband					
CAUSES OF DEATH							
Primary Anaemia		How long 9 mo					
Immediate Heart-Failure		How long 5 days					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician A. G. Horner					
		Address Brunswick Md					
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

Joseph Austin Pampell

Town

County

Died at

Frederick

Frederick

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1906

7

27

Age

—

9

11

Sex

Male

Color or
Race

White

Birth-
place

Frederick Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

O Frank Pampell

Father's
Birthplace

Frederick Md

Mother's
Maiden Name

Mary R Elder

Mother's
Birthplace

Emmetsburg 4

Name of person giving
Information

Mary R Pampell

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Gastro Enteritis

How long

1 week

Immediate

Exhaustion

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. S. Maynard

Address

17 Queen St W
Frederick Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Pearl</i>		County <i>Frederick</i>		MARYLAND	
Date of death		Month <i>July</i>	Day <i>15th</i>	Age	Years	Months <i>1</i>	Days <i>16</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Kdo</i>
Occupation	<i>Infant</i>		Where Residing if not at place of death				
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Keefe L Redman</i>					Father's Birthplace	<i>Pearl</i>
Mother's Maiden Name	<i>Louisa Tyeryar</i>					Mother's Birthplace	"
Name of person giving information	<i>Rudolph Tyeryar</i>					How related to deceased	<i>Grandfather</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Narasmus</i>	How long	<i>1 month</i>
Immediate	<i>Enteric Colic</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>Frank Hedges</i>	
		Address	
		<i>Frederick</i>	
Accident or Suicide?			

W. L. L. L.

W. L. L. L.

Name
in
Full

Edgar R. Remsberg

CERTIFICATE OF DEATH

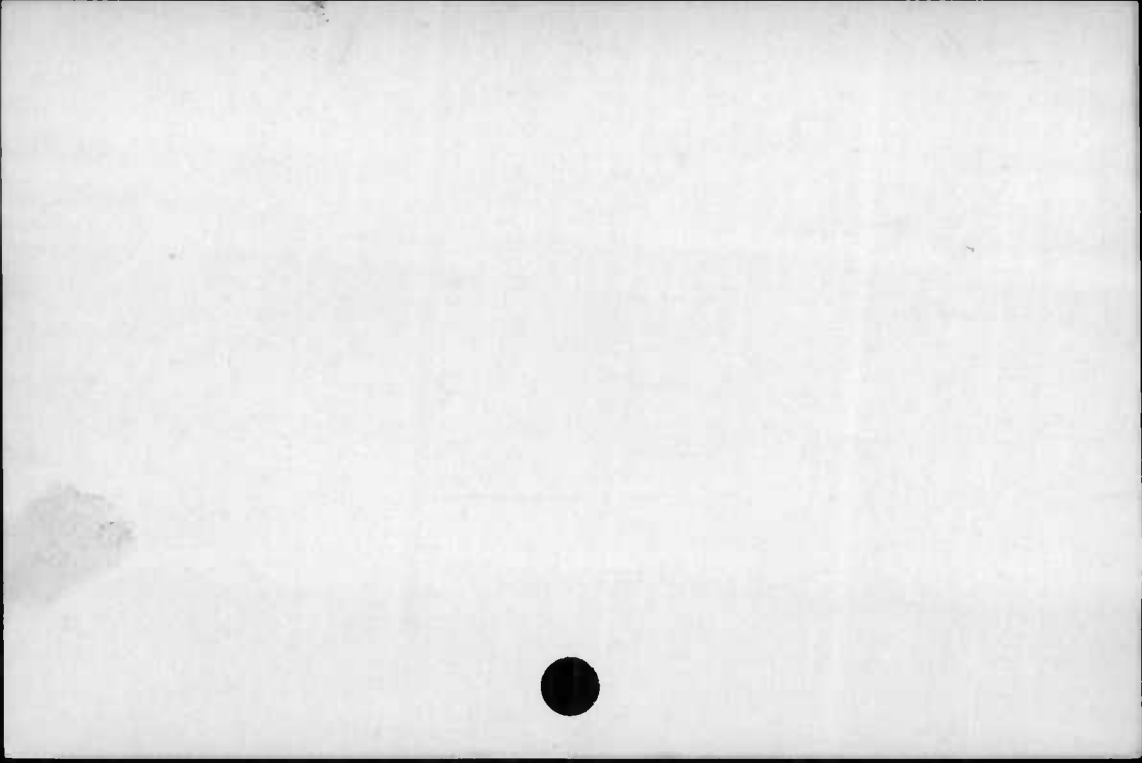
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Near} <i>Frederick</i> ^{Town}		^{County} <i>Fred</i>		MARYLAND	
Date of death	1906	Month	7	Day	14
Age		Years	15	Months	9
Days		11			
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Laborer</i>		Birthplace	<i>F. Co. Md</i>	
Where Residing if not at place of death		<i>Same</i>			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Gideon Remsberg</i>			Father's Birthplace	<i>F. Co. Md</i>
Mother's Maiden Name	<i>Annie R. Frederick</i>			Mother's Birthplace	" " "
Name of person giving information	<i>Mrs Remsberg</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bright's Disease</i>	How long	<i>12</i> Months
Immediate	<i>Heart Failure</i>	How long	<i>48</i> Hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>J. O. Hendrix</i>	
Address		<i>Frederick.</i>	
Accident or Suicide?		<i>_____</i>	



Name
in
Full

Lillian Roulke

CERTIFICATE OF DEATH

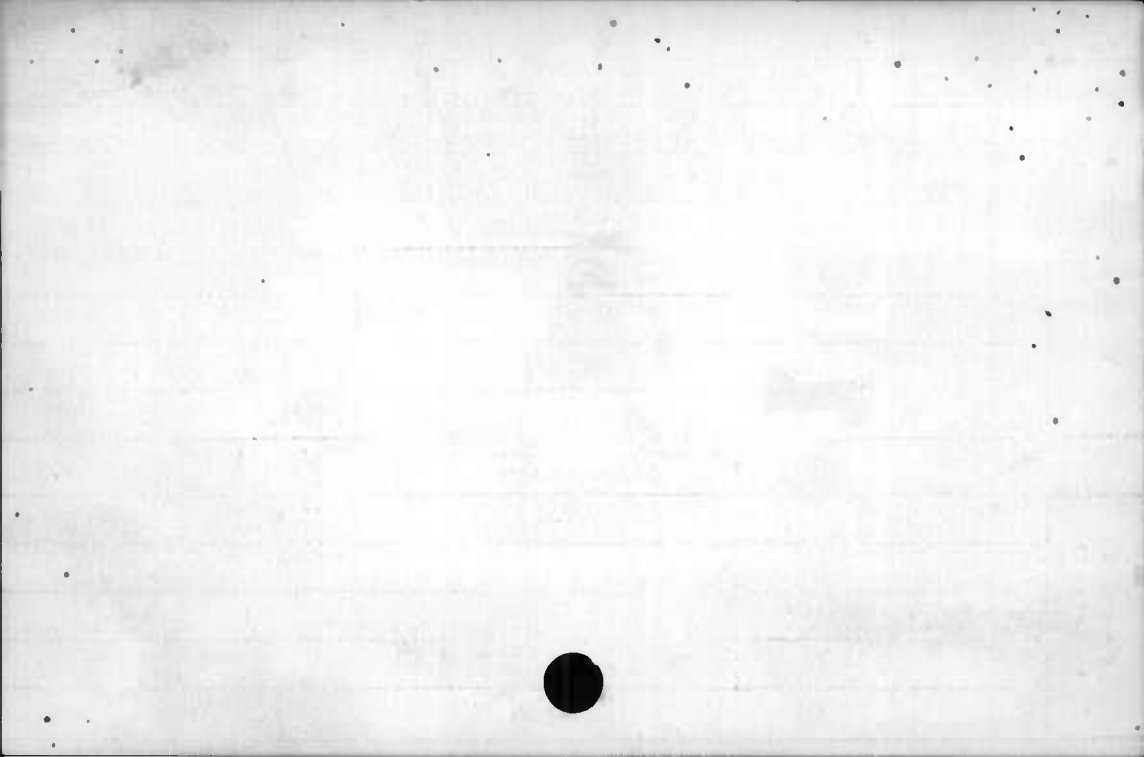
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Knotville		County Frederick		MARYLAND	
Date of death		1906	Month July	Day 3	Age Years 5	Months 7	Days 0
Sex Female		Color or Race White		Birth-place Md			
Occupation School				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Dave Roulke				Father's Birthplace Md			
Mother's Maiden Name Martha E. Roun				Mother's Birthplace Md			
Name of person giving Information David Roulke				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Diabetes		How long 2 or 3 months
Immediate Diabetic Coma		How long 2 + hours
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Lemuel West
		Address Brunswick Frederick Co
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

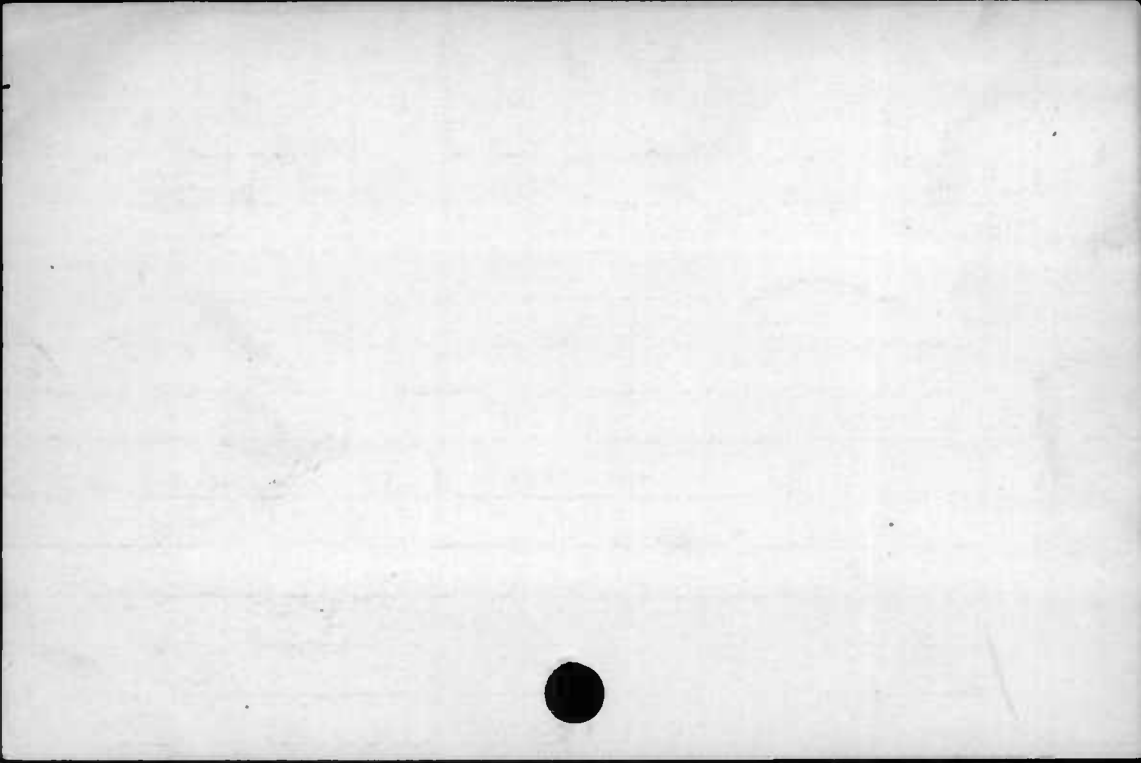
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catoctin</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death 190 <i>6</i> Month <i>7</i> Day <i>13</i>	Age <i>1</i> Years		4 Months		7 Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Catoctin</i>			
Married, Single or Widowed		Occupation			
Name of Wife or Husband					
Father's Name <i>Robert R. Rutherford</i>			Father's Birthplace		
Mother's Maiden Name <i>Missouri G. Lassey</i>			Mother's Birthplace		
Name of person giving information <i>Robert R. Rutherford</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Stomatitis</i>	How long <i>1 year</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Bolter, Town M.</i>
	Address <i>Jefferson</i>
	<i>Edw. Co Md</i>
Accident or Suicide?	



CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Josephine A. Satten

Died at ^{Town} Woodsboro,^{County} Frederick

MARYLAND

Date of death 1906 ^{Month} July ^{Day} 11 ^{Years} Age 58 ^{Months} 6 ^{Days} 1Sex Female ^{Color or Race} White ^{Birth-place} MarylandOccupation Housewife ^{Where Residing if not at place of death} —Married, Single or Widowed Married ^{Name of wife or Husband} John A. SattenFather's Name Benjamin Rantzsch ^{Father's Birthplace} Frederick, MdMother's Maiden Name Elizabeth R. Rott ^{Mother's Birthplace} MarylandName of person giving information C. A. Stultz ^{How related to deceased} None

CAUSES OF DEATH

Primary Inflammatory Rheumatism Heart Involvement ^{How long} 12 daysImmediate Pneumonia, Ex. Haemoptysis ^{How long}

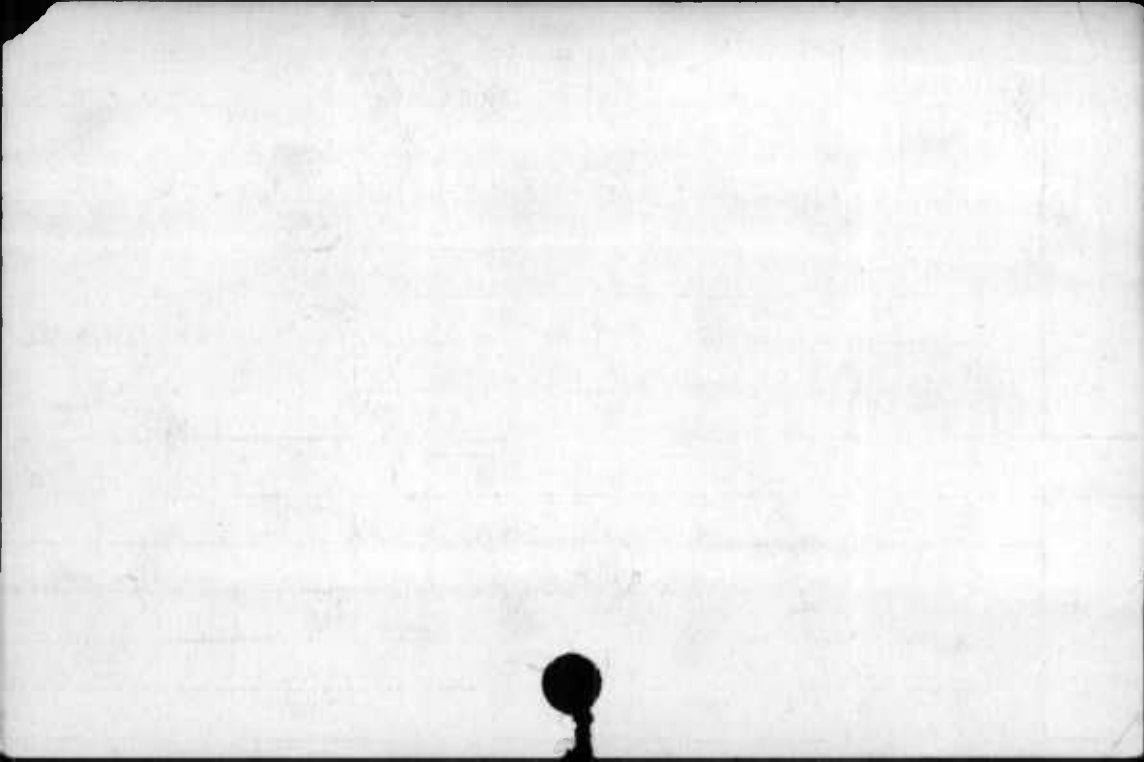
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician C. A. Stultz

Address Woodsboro, Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name

in
Full

Jacob Shank

CERTIFICATE OF DEATH

Bolwar

Town

Fired

County

MARYLAND

Died at

Date

of death 1906

Month

July

Day

27

Years

Age 83

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Fired Co

Occupation

Farmer

Where Residing if not
at place of death

Bolwar

Married, Single
or Widowed

Widower

Name of Wife or
Husband

Catherine Bowles

Father's
Name

Jacob Shank

Father's
Birthplace

Md

Mother's
Maiden Name

Catherine Dubrow

Mother's
Birthplace

Md

Name of person giving
information

Susan Shank

How related
to deceased

Daughter

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long

7 Days

Immediate

Convulsions

How long

4 "

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

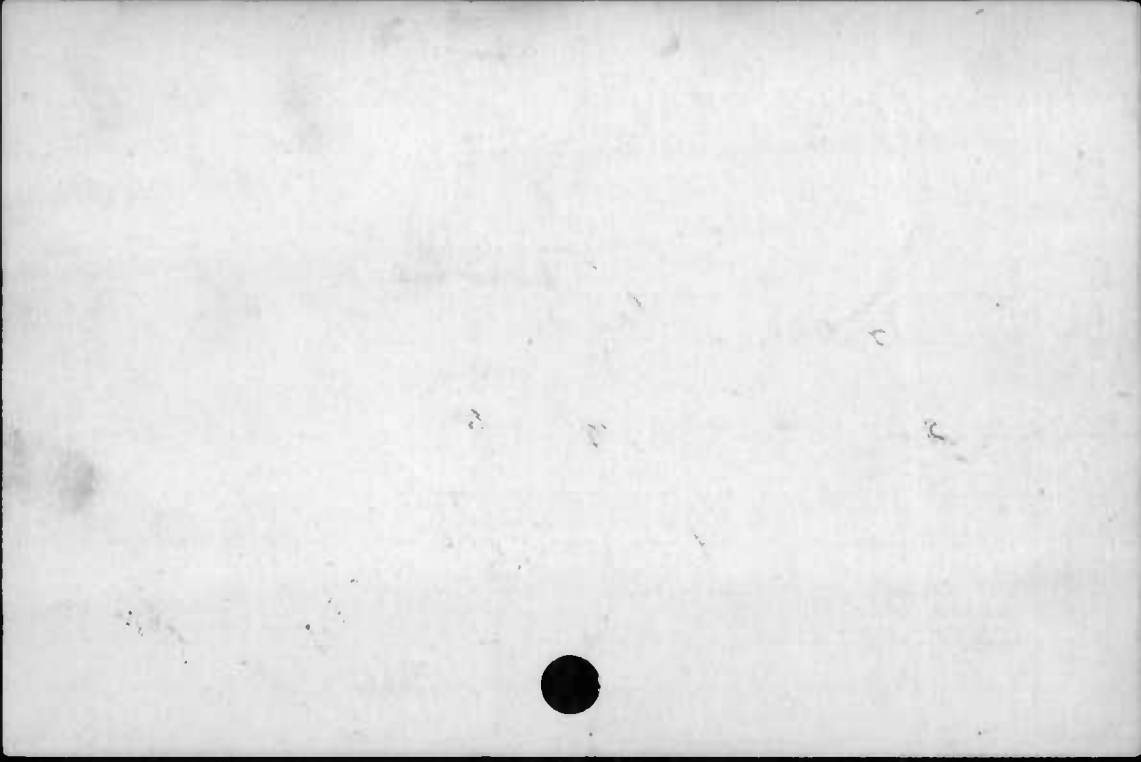
Dr. S. S. Davis

Address

Boonsboro
Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Lucinda Sheffer

CERTIFICATE OF DEATH

Died at ^{Town} Middletown^{County} Redneck

MARYLAND

Date

of death 1906

Month

July

Day

2

Age

Years

75

Months

7

Days

5

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Married, Single
or Widowed

Widow

Occupation

None

Name of ~~Wife or~~
Husband

Philip Sheffer

Father's
Name

Mathias Abbott

Father's
Birthplace

Md

Mother's
Maiden Name

Phebe L. Routhman

Mother's
Birthplace

Md

Name of person giving
In formation

H. C. Lee

How related
to deceased

None

CAUSES OF DEATH

Primary

Paralysis

How long

2 yrs

Immediate

Internal rupture of pinnae

How long

Instant

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

D. A. Jones
Middletown, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Harrods</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND
	Date of death <i>1906</i> ^{Month} <i>July</i> ^{Day} <i>1</i>		Age <i>1</i> ^{Years}		<i>1</i> ^{Months} <i>24</i> ^{Days}
	Sex <i>Male</i>	Color or Race <i>White</i>	Birth place <i>Frederick Co., Md.</i>		
	Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed	Name of Wife or Husband			
	Father's Name <i>William Elmer Sipe</i>	Father's Birthplace <i>Frederick Co. Md.</i>			
	Mother's Maiden Name <i>Alice Powers</i>	Mother's Birthplace <i>Carroll Co. Md.</i>			
Name of person giving information <i>Wm. E. Sipe</i>		How related to deceased <i>Father</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Broncho pneumonia</i>		(92) How long <i>3 weeks</i>		
	Immediate <i>Chronic bronchitis, heart failure</i>		How long <i>4 mos.</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>C. H. Miller</i>		
			Address <i>Seton, Md.</i>		
Accident or Suicide? <i>—</i>					



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Salomon Smith		Town		Woodboro		County		Fred		MARYLAND					
Died at		Date of death		Month		Day		Age		Years		Months		Days	
1906		7		7		75						24			
Sex		male		Color or Race		White		Birthplace		Woodboro Dist					
Occupation		Farmer		Where Residing if not at place of death											
Married, Single or Widowed		Widower		Name of Wife or Husband		Addeline									
Father's Name		Jno Smith		Father's Birthplace		Fred Co,									
Mother's Maiden Name		Dwight		Mother's Birthplace											
Name of person giving information		Sam, Geo F Smith		How related to deceased		son									

CAUSES OF DEATH

Primary	Typho-malaria	How long	13 da.
Immediate	Heart Failure	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. H. Kable
		Address	Woodboro, Md.
Accident or Suicide?			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

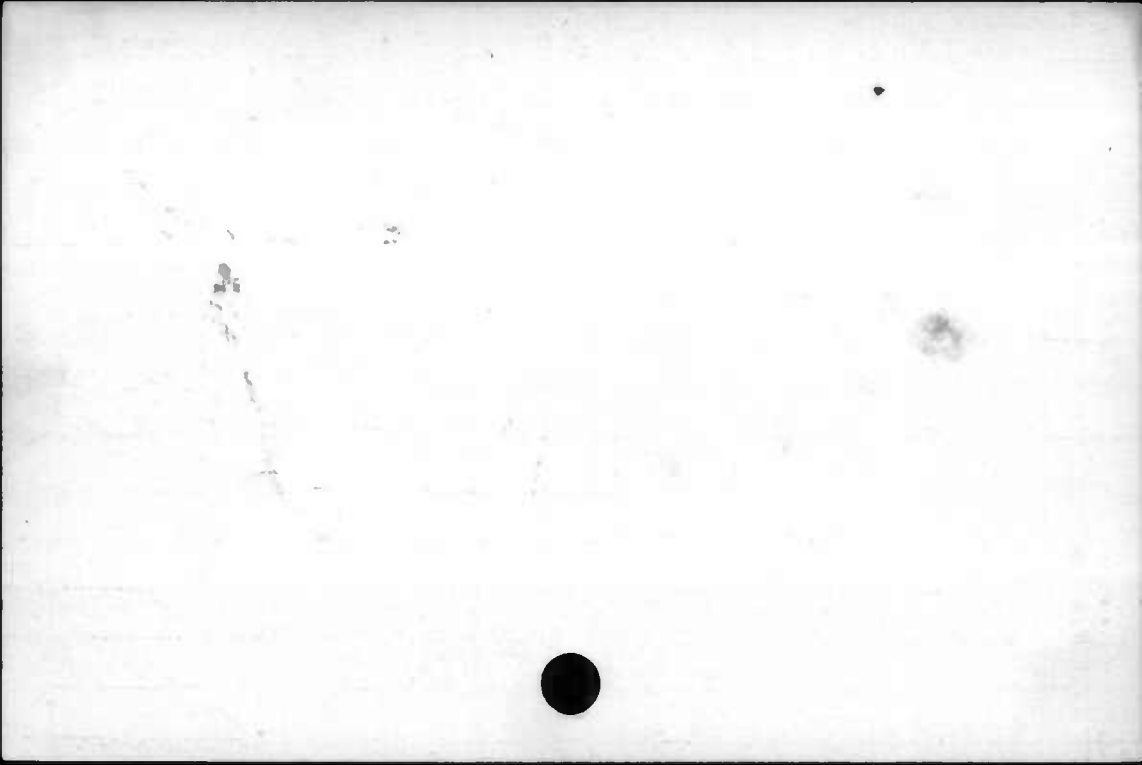
CERTIFICATE OF DEATH

MARYLAND

Died at <i>Rockey Ridge</i> ^{Town}		<i>Frederick</i> ^{County}			
Date of death	<i>1906</i>	Month <i>July</i>	Day <i>27</i>	Age <i>—</i>	Months <i>3</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Rockey Ridge</i>		
Occupation <i>Infant</i>	Where Residing If not at place of death <i>as above</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband				
Father's Name <i>Curtis Stambaugh</i>	Father's Birthplace <i>Wd</i>				
Mother's Maiden Name <i>Minnie B Wantz</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>James F. Wantz</i>	How related to deceased <i>Grand Father</i>				

CAUSES OF DEATH

Primary <i>Marasmus</i>	How long <i>2 months</i>
Immediate <i>Whooping cough</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. E. Stone</i>
	Address <i>Emmitsburg Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

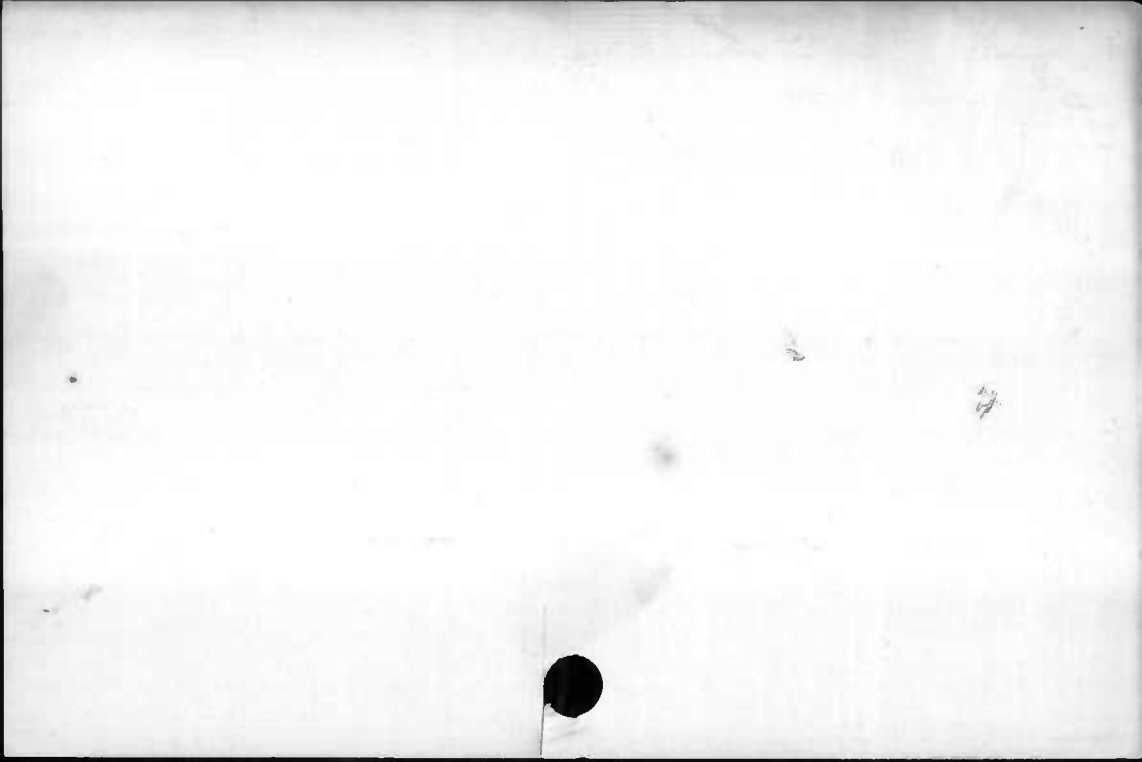
MARYLAND

Died at		Town <i>Maum</i>		County <i>Frederick</i>	
Date of death	1906	Month <i>July</i>	Day <i>24</i>	Age <i>24</i>	Years <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Indiana</i>		Months <i>14</i>
Occupation <i>—</i>			Where Residing If not at place of death <i>—</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Oliver Stockman</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Addie Lamb</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving Information <i>Oliver Stockman</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Enterocolitis</i>	How long <i>105</i>	How long <i>2 weeks</i>
Immediate			
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>Clyde P. Panton</i>	Address <i>124 E. 1st St. Linn</i>
Accident or Suicide?	<i>—</i>		



Name
in
Full

CERTIFICATE OF DEATH

Clarence Stothmeyer

Died at ^{Town} Wolfsville ^{County} Tompkins MARYLAND

Date of death 1906 July 10th Age 50 3 Months 9 Days

Sex Male Color or Race White Birth-place Free Co

Occupation Farmer Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Cordelia Stothmeyer

Father's Name Hamilton Stothmeyer Father's Birthplace Free Co

Mother's Maiden Name Susan Hoover Mother's Birthplace " "

Name of person giving information Farris Smith How related to deceased None

CAUSES OF DEATH

Primary Chronic Bright's Disease Kidney How long 1 1/2 yrs -

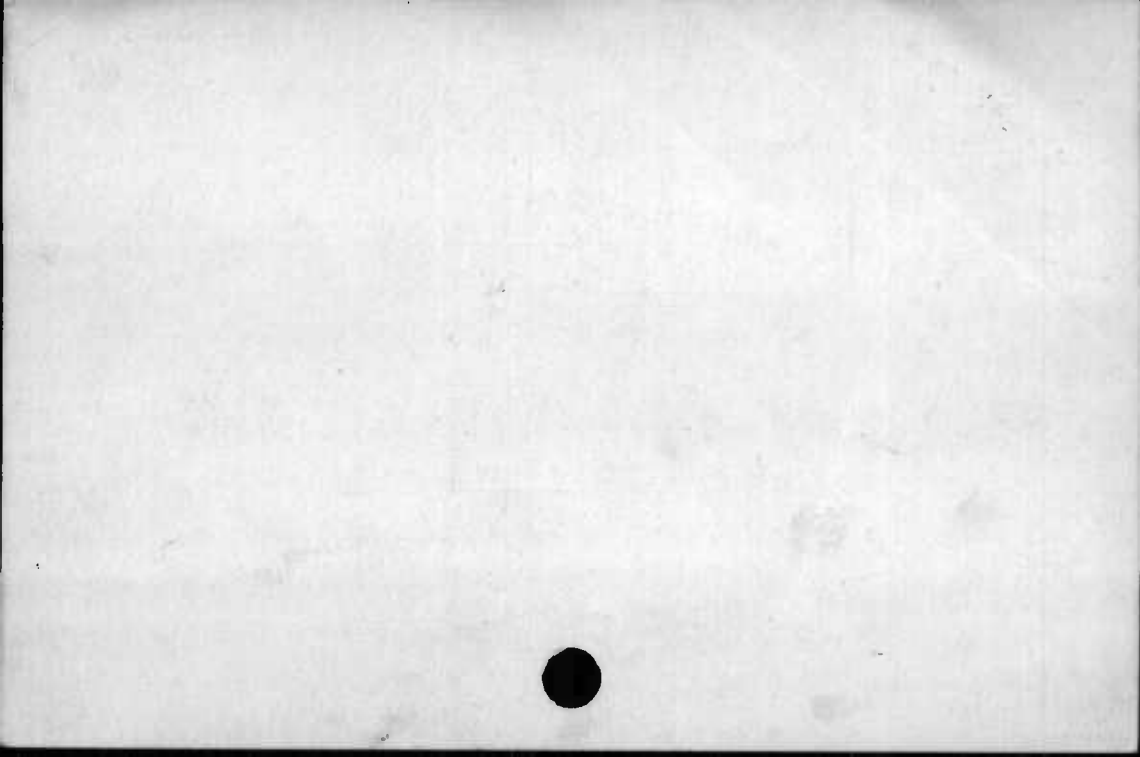
Immediate Are the name, age, sex, color, date and place correctly given above? Yes -

Signature of Physician W. B. Wheeler
Address Boonsboro Washington Co -

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

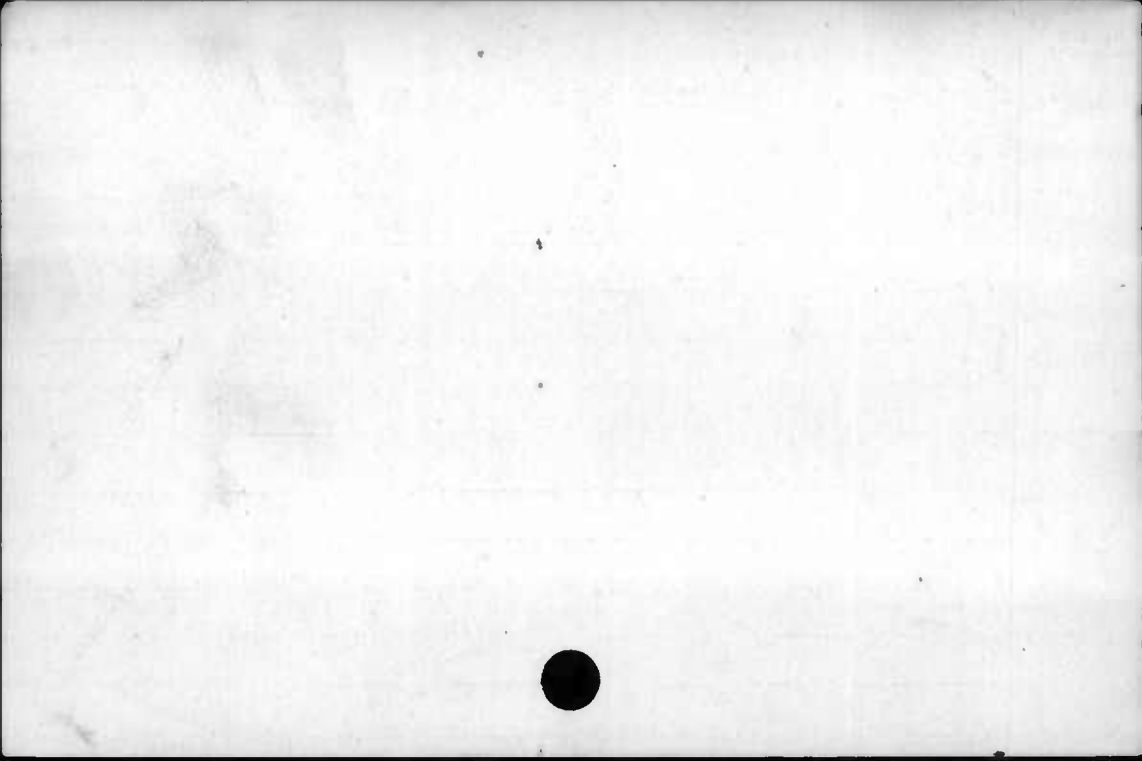
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Midway</i> ^{Town}		<i>Fredrick</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>7</i>	Day <i>20</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>New Midway</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Chas Stover</i>		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Definitely, Spinal Bifida</i>	How long	<i>3 da.</i>
Immediate	<i>Procure an Unprotected Cord</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. H. Kable</i>		
	Address <i>Wardboro, Md.</i>		
Accident or Suicide?			



Name
in
Full

Summers J S

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *McPlesant* Town

Frederick Co County

Date
of death 1906

Month

9

Day

23

Age

Years

Months

Days

2

Sex

Male

Color or
Race

Caucasian

Birth-
place

Frederick

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Talbert Summers

Father's
Birthplace

Gadsdon

Mother's
Maiden Name

Lacey Michael

Mother's
Birthplace

H Va

Name of person giving
Information

as Father

How related
to deceased

CAUSES OF DEATH

Primary

Asphyxia

How long

u

Immediate

Hypoxia

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

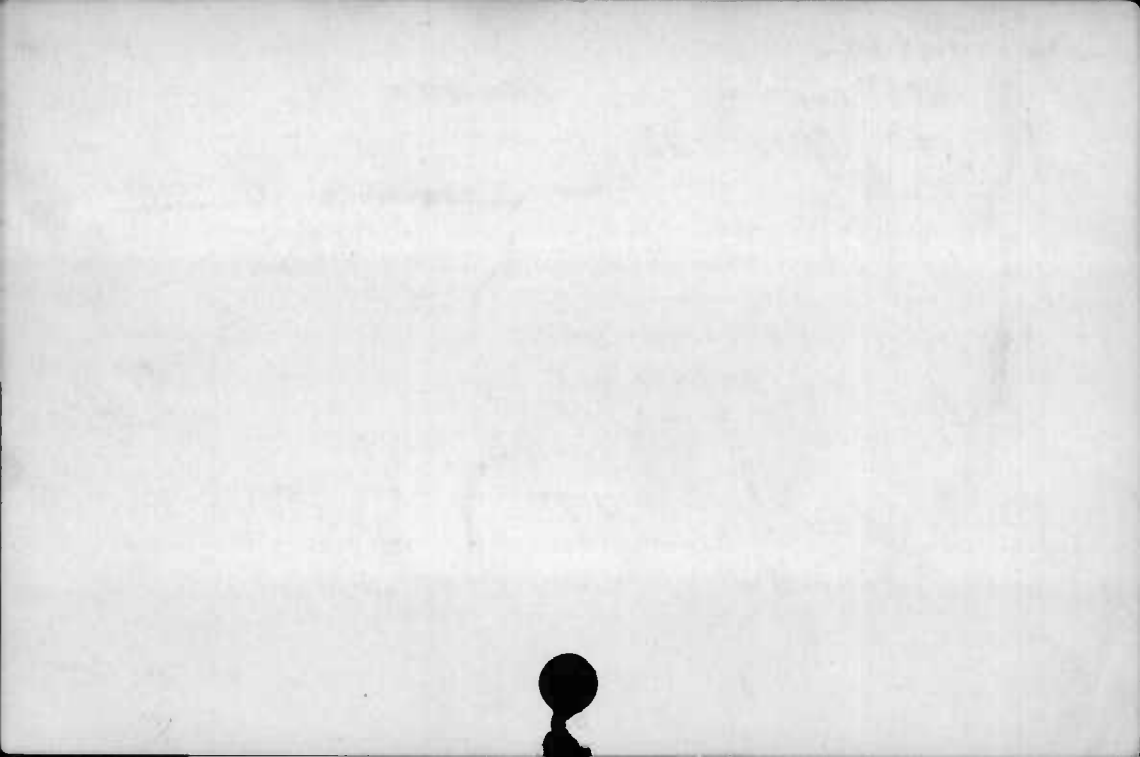
H. Taberney M.D.

Address

Frederick Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Ann B Taylor.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *near Jefferson* *Frederick* County
 Date of death 1906 *7* Month *31* Day Age *73* Years Months *8* Days *23*
 Sex *Female* Color or Race *White* Birth-place *Frederick Co*
 Married, Single or Widowed *Widowed* Occupation _____
 Name of Wife or Husband *William B. Taylor*
 Father's Name *Robert Anderson* Father's Birthplace _____
 Mother's Maiden Name *Mary Hillbush* Mother's Birthplace _____
 Name of person giving information *John B. Taylor* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Central Arteriosclerosis* How long *10 yrs*
 Immediate *Hemiplegia & general prostration* How long _____
 Are the name, age, sex, color, date and place correctly given above? *Yes*
 Signature of Physician *C. W. R. C. C.*
 Address *Jefferson, Md.*
 Accident or Suicide? _____



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

James Hampton Taylor
Town Emmittsburg County FrederickDied at
Date of death 1906 July 28 Age 82
Months Days

Sex Male Color or Race White Birthplace Emmittsburg

Occupation Miller Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name James Taylor Father's Birthplace Ireland

Mother's Maiden Name Katherine M. E. Han Mother's Birthplace Emmittsburg

Name of person giving information J. H. Welch How related to deceased Nephew

CAUSES OF DEATH

Primary Old Age (93) How long

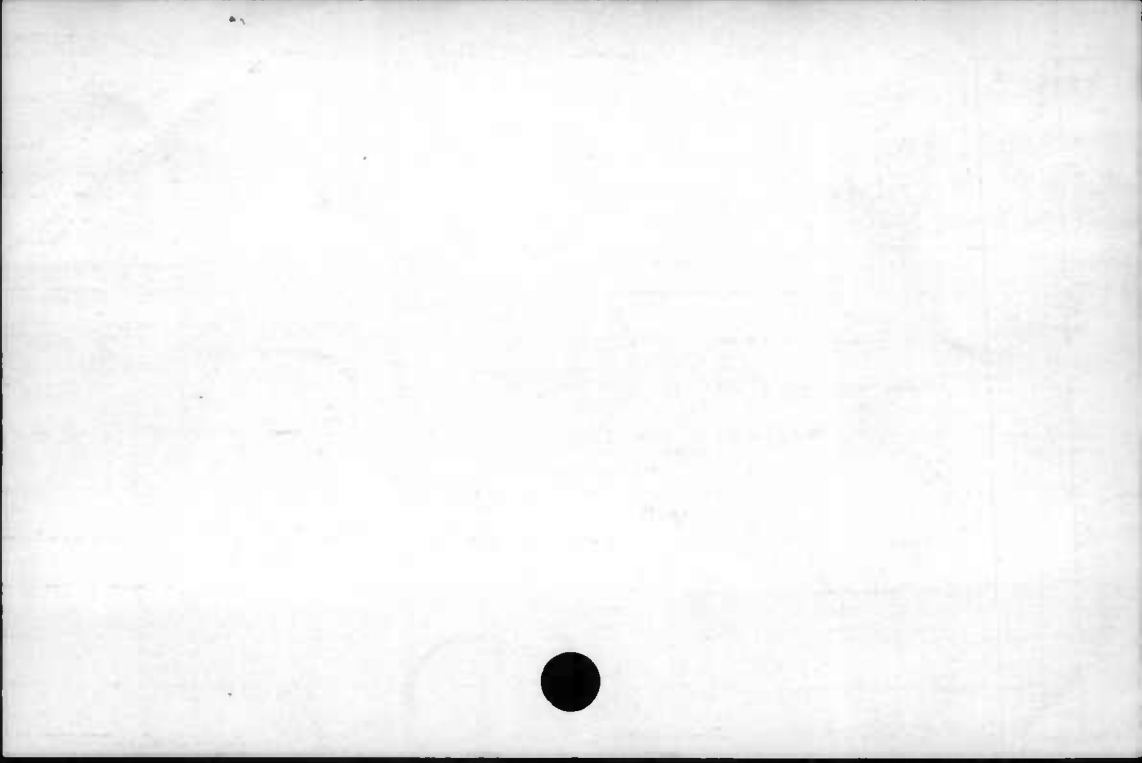
Immediate Pneumonia How long 7 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician H. E. Stone

Address Emmittsburg Md.

Accident or Suicide?



Name
in
Full

Mrs. Josephine Taylor.

CERTIFICATE OF DEATH

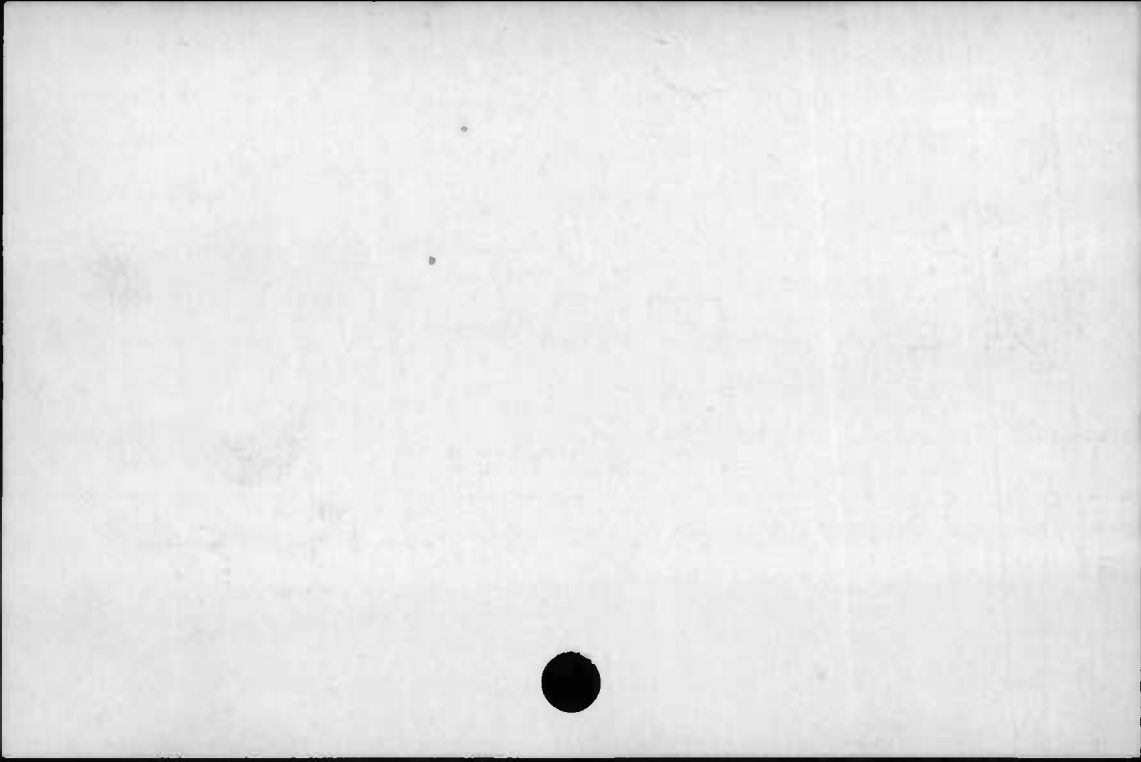
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frederick Md.</u>		County <u>Frederick Co.</u>		MARYLAND	
Date of death	1906	Month	July	Day	22
Age		44		Years	
Sex	Female	Color or Race	White	Birth-place	Md.
Occupation	House wife		Where Residing if not at place of death		
Married, Single or Widowed		Widow			
Name of Wife or Husband		Name of person giving information			
Father's Name		Mr. Rezin Butts		Father's Birthplace	
Mother's Maiden Name		Miss Josephine "		Mother's Birthplace	
Name of person giving information		Mary R. Miss Supt. City Hospital		How related to deceased	
		Frederick Md.		None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Fibroid of uterus		How long	10 months
Immediate	Shock; post operative		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		T. B. Johnson.		
		Address		
		Frederick Md.		
Accident or Suicide?				



Name
in
Full

David Henry Thompson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brunswick</u> ^{Town}		County	
Date of death	1906	Month	7
		Day	23
		Age	60
		Years	
		Months	
		Days	10
Sex	male		Color or Race
			white
Occupation			Birth-place
			Bkwr
Where Residing If not at place of death			
Married, Single or Widowed	single		Name of Wife or Husband
Father's Name	Edward R Thompson		Father's Birthplace
			W Va
Mother's Maiden Name	Zella V Beck		Mother's Birthplace
			W Va
Name of person giving information	C E Sudrow		How related to deceased
			none

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumo Pneumonia	How long	5 hrs
Immediate	Pyemia	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Brunswick	
		Md	
Accident or Suicide?			

Charles Perry

July 27

Name
in
Full

Lee Virginia Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death		Month July	Day 22th	Year 1906	Age ##	Month 4.	Days 3.
Sex Female		Color or Race White		Birth-place Virginia			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed Infant		Name of Wife or Husband					
Father's Name Heber J. Thompson		Father's Birthplace Virginia					
Mother's Maiden Name Ruth L. Williams		Mother's Birthplace Virginia					
Name of person giving information Ruth L. Williams		How related to deceased Mother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	4 months
Immediate	Enteric Colitis	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Frank Hedgcock	
Address		Frederick	
Accident or Suicide?			



Name
in
Full

Emily Virginia Miller

CERTIFICATE OF DEATH

MARYLAND

Died at *Thurmont* Town *Frederick* CountyDate of death *1906* Month *July* Day *26* Age *68* Years Months *3* Days *1*Sex *Female* Color or Race *White* Birth-place *Thurmont July 6, 1838*Occupation *Housewife* Where Residing if not at place of death *—*Married, Single or Widowed *Married* Name of ~~Wife or~~ Husband *Calvin J. Miller*Father's Name *Samuel Favorite* Father's Birthplace *Maryland*Mother's Maiden Name *Mary Sue Quinn* Mother's Birthplace *Don't know*Name of person giving information *Calvin Miller* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Chronic Rheumatism: Arthritis: Nephritis* How long *15 years -*Immediate *Gastro-Enteritis* How long *3 days -*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *E. G. Alfano*Address *Thurmont, Md.*Accident or Suicide? *—*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

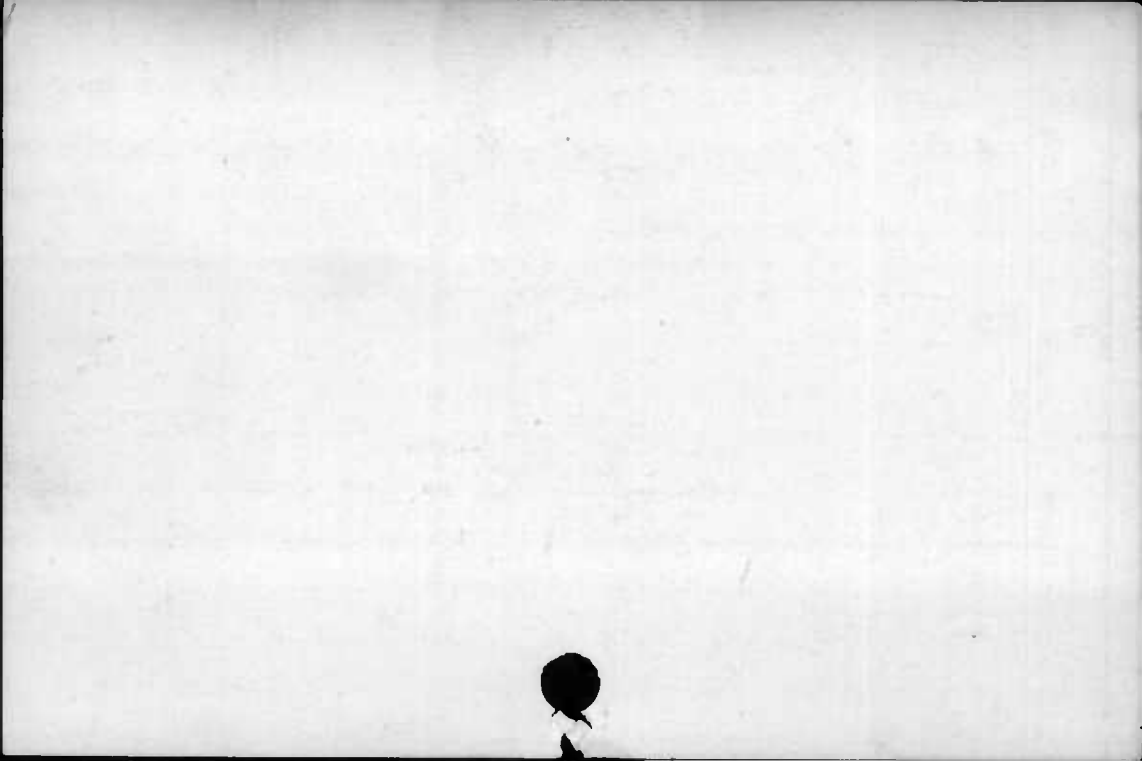
MARYLAND

Name in Full <i>David L. Wilhite</i>		Town <i>Thurmont</i>		County <i>Fred</i>			
Died at <i>Thurmont</i>							
Date of death <i>1906</i>	Month <i>July</i>	Day <i>25</i>	Age <i>68</i>	Years	Months <i>1</i>	Days <i>21</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Thurmont</i>				
Occupation <i>Carpenter</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ella Meller</i>					
Father's Name <i>Alvin Wilhite</i>		Father's Birthplace <i>Fred Co</i>					
Mother's Maiden Name <i>Ella Lydia</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Ella Wilhite</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart attack of Hemiparesis at various times</i>	How long <i>64</i>	How long <i>20 years</i>
Immediate <i>Apoplexy from overwork</i>	How long <i>Suddenly</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James K. Roberts M.D.</i>	
	Address <i>Thurmont Md</i>	
Accident or Suicide? <i>—</i>		



Name
in
Full

Charles Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Montevideo</u> ^{Town}		<u>Hopk</u> ^{County}		MARYLAND	
Date of death	1906	Month	July	Day	7 th
Age		18		Months	Days
Sex	Male		Color or Race	Black	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

A9

PHYSICIAN
OR CORONER

Primary	<u>Dilatation of Heart</u>	How long	
Immediate	<u>Cerebral Hemorrhage</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>H. S. Lyson</u>
		Address	<u>Frederick, Md.</u>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		July	24	Age 38			
Sex	male	Color or Race	white	Birthplace		Dnt Know	
Occupation	Lobne			Where Residing If not at place of death			
Married, Single or Widowed		Name or Wife or Husband					
Dnt Know							
Father's Name				Father's Birthplace			
Dnt Know							
Mother's Maiden Name				Mother's Birthplace			
Dnt Know							
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Killed by Car	How long	160 me hour
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. J. Hedger
		Address	Burwick Md
Accident or Suicide?			



Name
in
Full

James H. Wood

CERTIFICATE OF DEATH

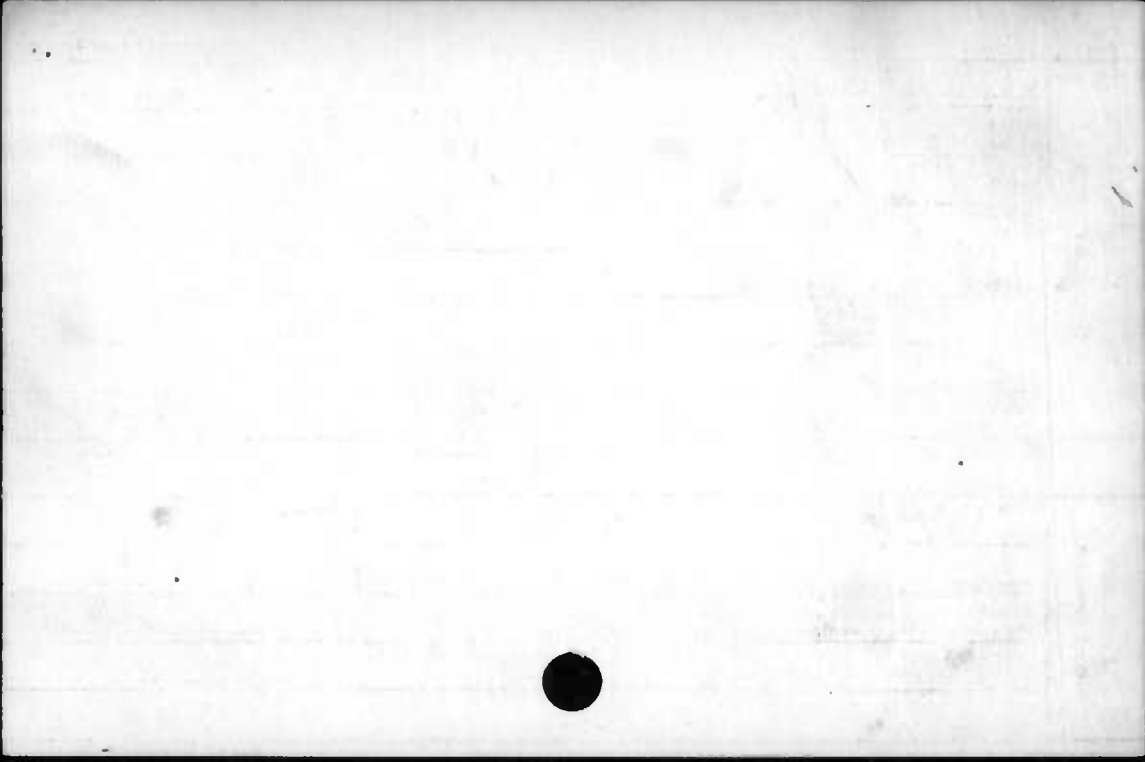
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>11thville</u> <small>Town</small>		<u>Frederick</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u>	Month <u>July</u>	Day <u>5</u>	Age <u>76</u>	Years <u>3</u>	Months <u>3</u>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Ind</u>		
Occupation <u>Laborer</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>widower</u>		Name of Wife or Husband <u>Sarah Anne H.</u>			
Father's Name <u>James E. Wood</u>		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Sarah Anne Hume</u>		Mother's Birthplace <u>Ind</u>			
Name of person giving Information <u>H. H. Wood</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>accident. fall</u>	How long	<u>2 weeks &</u>
Immediate	<u>exhaustion</u>	How long	<u>"</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Lenn H. H. Wood</u>	
		Address <u>Brunswick</u>	
		<u>Frederick Co</u>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

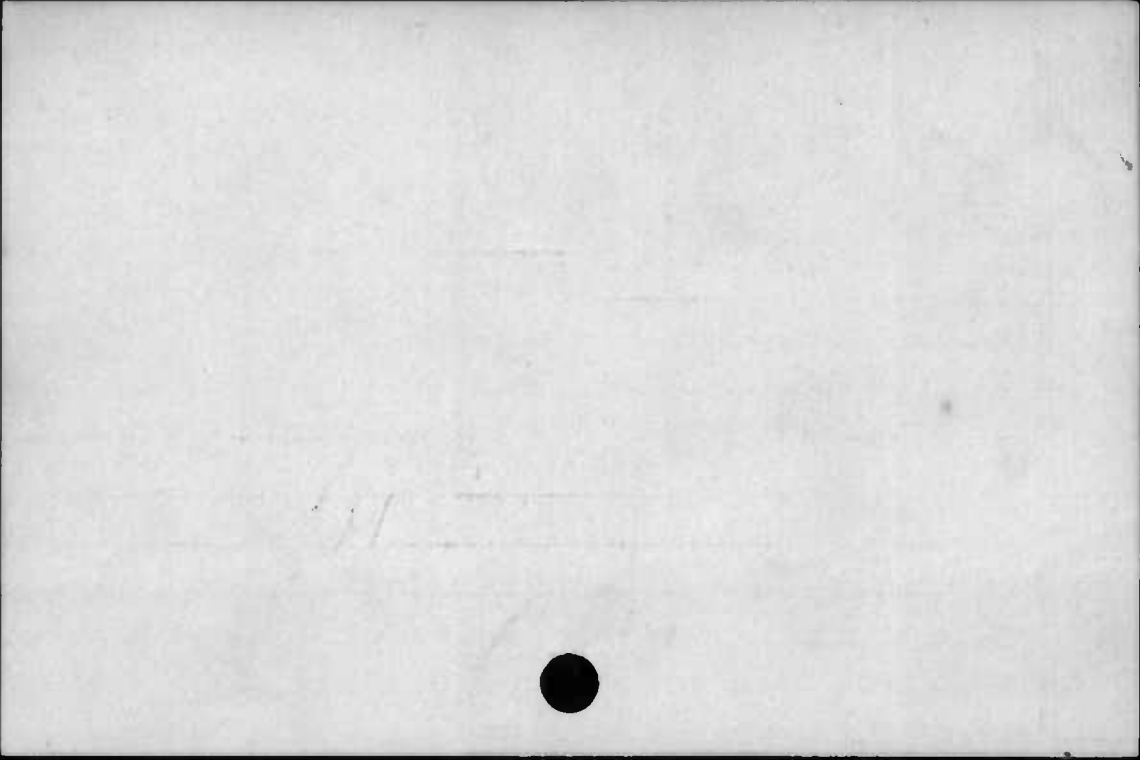
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> Town		County		" "		MARYLAND	
Date of death <i>1906</i>	Month <i>7</i>	Day <i>19</i>	Age <i>47</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Va</i>				
Occupation <i>Laturn</i>	Where Residing if not at place of death <i>X</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Hannah Johnson</i>						
Father's Name <i>John A Young</i>	Father's Birthplace <i>Va</i>						
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>—</i>						
Name of person giving information <i>Hannah Young</i>	How related to deceased <i>Wife</i>						

CAUSES OF DEATH

Primary <i>Left Infarctus Reptum</i>	How long <i>19</i>	For years <i>For years</i>
Immediate <i>Heart disease & dropsy</i>	How long <i>6 weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. J. Fordyce and</i>	
	Address <i>Frederick, Md</i>	
Accident or Suicide? <i>No</i>		

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		July	7	0		2	2
Sex	Color or Race			Birth-place			
Male	White			Frederick Co.			
Occupation				Where Residing if not at place of death			
—				—			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Wm D. W. Zimmermann				Frederick Co.			
Mother's Maiden Name				Mother's Birthplace			
Myrtle Estelle Zimmerman				Wedgeville			
Name of person giving information				How related to deceased			
Wm D. W. Zimmermann				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Infantile Paralysis (2)	How long	4 days
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. W. R. Green	
		Address	
		Frederick Co. Md.	
Accident or Suicide?			
—			

